

COVID-19 Return Form

If you are able to voluntarily return to work on-site as called by the District during this time period during a COVID-19 event, please complete this attached form. This document will assist the District in clarifying employee status.

Employee Name: _____

I have previously chosen not to report to work during the COVID 19 pandemic as a result of being over 65, having an underlying health condition of my own or of a member of my household for a period of more than three days. I now wish to return to work voluntarily.

However, in lieu of providing a doctor's note, I certify I am not under any doctor's order requiring or advising me to remain at home and I am voluntarily returning to work effective immediately.

I acknowledge that the District has notified me that I am able to and entitled to stay at home using use various federal, state, paid or unpaid leaves, as specified within relevant CSEA collective bargaining agreement Articles 14 and 15. Instead, I am voluntarily choosing to return to work at my work site.

Should the District need further documentation (such as from my Medical Provider to support this document) in the future, I agree to assist in their requests to the best of my abilities, consistent with HIPAA protections.

Employee Signature

Date

Position

School Site