



COVID-19 RETURN TO ON-CAMPUS WORK ENVIRONMENT

Employee Health Safety Agreement

The health and well-being of our students and staff is a top priority. With the uncertainties of the COVID-19 pandemic outbreak, we must follow very specific guidelines until the end of the pandemic. This document and the [Reynolds Fall 2020 – 2021 Reopening Plan](#) provides guidance to support the health and safety of our campus community during the current pandemic for all **ON-CAMPUS WORK/EMPLOYMENT ACTIVITIES**. As a condition for your return to the on-campus work environment, you are expected to practice and follow these guidelines consistently for the safety of yourself and others you will encounter on-campus. Following these guidelines will help to keep educational/academic interruptions to a minimum and help students stay on track to complete their programs of study;

For my safety, the **College will do the following:**

- Initiate steps to mitigate the risk and transmission of COVID-19 including the thorough cleaning and disinfecting of the on-campus work environment, to include, but not limited to: offices, classrooms, lab areas, etc.;
- Provide hand sanitizers and hand sanitizing stations on-campus;
- Respond to employee concerns and/or questions as they may arise, and;
- Adapt, adjust, or change procedures or policies to adhere to CDC, state, or federal policy/guidelines.

Employee Expectations:

As an employee, **I agree to the following conditions:**

1. **I will not come to work on-campus if I am sick nor stay on-campus if I feel sick**, regardless of symptoms. I will contact my supervisor so that he/she is aware and can provide guidance as necessary. I will stay in touch regularly with my supervisor during my work absence. If he/she has not provided me with guidance, I will contact my next level supervisor or Human Resources;
2. **I will not come to work on-campus if I have been in [close contact](#), as defined by the CDC, with someone who has COVID-19.** I will quarantine per CDC guidelines. I will contact my supervisor and work with Human Resources to request appropriate accommodations, (i.e., telework options, alternative work options, etc.), if appropriate until I return to work on-campus;
3. **If I am diagnosed with COVID-19, I will not come on-campus to work.** I will immediately notify my supervisor of my diagnosis. I will stay in touch with my supervisor and Human Resources, as I am able. I will not return to work on-campus until:
 - a. a doctor/health professional verifies I have fully recovered OR,
 - b. I follow the [additional guidance](#) if I have been directed to care for myself AND,
 - c. I will contact the Office of Human Resources prior to returning;



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4. **I will practice social/physical distancing** and will not congregate before, during, and after on-campus work activities, as well as during breaks. I will not loiter or socialize on-campus and will leave the premises when not engaged in work-related activities;
5. **I will properly wear a protective face covering/shield when on-site.** This will be required for entry to any building until I am directed to discontinue. If I am in my office with the door closed, I understand I can remove my face covering/shield;
6. **I will be prepared if the College returns to a remote work environment** for all employees. In the event of a new outbreak or change in state guidelines, I understand the College may move to a full or partial remote work environment. I understand that if this occurs, I will need access to technology and the internet with as little as 24 hours' notice;
7. RECOMMENDATION: I should sign up for the [Reynolds Alert](#) to receive school-wide information and update TEXTS/EMAILS not only about campus closings but also for other emergency information;
8. **Health Self-Check before Returning to On-campus Work/Employment** – I will conduct a daily health screening by completing the [CDC Self-Check Questionnaire](#) before returning to campus. (Also available on the Reynolds [LiveSafe App](#)).

Signature

By signing below, I agree to the above **Employee Expectations as a condition of returning to on-campus work/employment**. This agreement will become part of my official personnel file.

PRINTED NAME

SIGNATURE

DATE

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for validity, enforceability, and admissibility.