

College of Health and Human Development

RETURN TO WORK

Submitted by Manager, Center Director, Department Head or School Director

Requestor: _____

Unit/Center: _____

Work Group/Project: _____

All work that can be conducted remotely should continue to be conducted remotely if possible.

Increasing personnel and activities in our on-campus facilities, as with any other activity that increases contact with others during these times, involves the assumption of some additional risk. However, policies and guidelines being implemented by the University around campus return will reduce this risk. Critically important for anyone returning to campus is to follow the established [personal safety practices](#).

All employees coming on site, either temporarily or on a routine basis, will be required to [log in and out of HHD buildings](#) and follow established [personal safety practices](#).

With these principles in mind, are you requesting permission to increase on-campus work activities for faculty and/or staff between July 1, 2020 and August 24, 2020? Yes No (*If no, further action is not needed at this time.*)

Select the category that best represents the tasks you are seeking approval to have done on campus:

Teaching Administrative Research* Other * (_____)

* NOTE: ***All requests to return to campus for research must be submitted and approved separately through the established [Return to Research](#) process.*** Any individual or group returning to campus for tasks related to both research and other activities, will need to follow both the return to research process and also the process outlined here.

Please provide a brief description of the work which you are seeking approval to return to on campus facilities. Include information about alternatives to on campus work and why remote options will not work. In the case where work has been performed remotely during COVID mitigation efforts please provide information to explain why the work cannot continue to be done remotely.

Please describe the cleaning protocol for all employees in each workspace. Specify equipment or other frequently touched surfaces that should be wiped down on entrance and exit of the room (*including door handles*).

**College of Health and Human Development
Return to Work Group Request
(CONT.)**

Please provide your communication plan for your group(s). How will members keep one another informed of processes and of coming and going in the shared space(s)?

Please describe your ramp-down procedures in the event that it is needed. Specify what is required to shut down your workspace and time needed to shut down. Please include in this space any work you feel should not ramp-down.

Please describe the ability of the group to have staggered access to the on-campus facilities or required overlap of employees.

(Once approved, each employee's schedule of hours/days on site, and arrival and departure times will need to be clearly specified and posted for the group).

Approvals:

(Manager/Supervisor approval required for submission. Additional approvals will be obtained as needed. Approval by email is acceptable-send to wlw6@psu.edu).

Manager/Supervisor

Unit Head/Center Director

Associate Dean

Human Resources

Facilities

College of Health and Human Development
Return to Work Group Request
(CONT.)

It is the supervisor's responsibility to ensure that all employees returning to work understand the guidelines and protocols needed to return to the workplace. Units should keep a record of employees that are returning on site.

Please list all individuals for whom access to facilities is being requested, *including the requester (if applicable)*. Use multiple copies of this page to submit additional names for the same workgroup/project.

Name: _____ Title: _____

User ID: _____ Building and Room: _____

Proposed Schedule: Sun Mon Tues Wed Thur Fri Sat

Estimated Time of Arrival: _____ Departure: _____

Brief description of tasks and why cannot be completed remotely:

Name: _____ Title: _____

User ID: _____ Building and Room: _____

Proposed Schedule: Sun Mon Tues Wed Thur Fri Sat

Estimated Time of Arrival: _____ Departure: _____

Brief description of tasks and why cannot be completed remotely:

Name: _____ Title: _____

User ID: _____ Building and Room: _____

Proposed Schedule: Sun Mon Tues Wed Thur Fri Sat

Estimated Time of Arrival: _____ Departure: _____

Brief description of tasks and why cannot be completed remotely:

Name: _____ Title: _____

User ID: _____ Building and Room: _____

Proposed Schedule: Sun Mon Tues Wed Thur Fri Sat

Estimated Time of Arrival: _____ Departure: _____

Brief description of tasks and why cannot be completed remotely: