

EMPLOYEE SELF-ISOLATION APPROVAL FORM

Employee Name: \_\_\_\_\_ Work Site: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_

The purpose of this form is to advise site and district administration of my intent to work from home due to the following:

€ I have returned from travelling to a country identified by the CDC as high risk for coronavirus.

- Country \_\_\_\_\_
- Date Entered \_\_\_\_\_
- Date Left \_\_\_\_\_
- Date returned to the US \_\_\_\_\_

€ I have returned from traveling to a city which has higher confirmed cases of coronavirus

- City \_\_\_\_\_
- Date entered \_\_\_\_\_
- Date left \_\_\_\_\_
- Date returned to Arizona \_\_\_\_\_

€ I have been exposed to someone who tested positive for coronavirus

- City/State/Country \_\_\_\_\_
- Date exposed \_\_\_\_\_

€ I have a health condition that make me more vulnerable to the virus and would like the option to work from home or away from other co-workers.

- Proposed Work Schedule

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

€ I opt to take sick leave and will fill out a leave form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/HR Signature \_\_\_\_\_ Date \_\_\_\_\_