

**COVID-19 REQUEST FOR MANAGEMENT ASSESSMENT**  
**RETURN COMPLETED FORM TO AUDITOR'S OFFICE**

**To be completed by Employee/Supervisor:**

Name: \_\_\_\_\_

Have you traveled through an international airport or to a country designated as Level 3 by the US State Department within the last 14 days?

Yes

No

If yes, please describe what city, airport, etc.

Have you been told by the CDC or other public health agency that you have been exposed to COVID-19 within the last 14 days?

Yes

No

Have you been in close contact with someone who has been diagnosed with COVID-19 within the last 14 days?

Yes

No

If yes, please explain.

Has anyone that you share a household with been exposed to COVID-19 within the last 14 days?

Yes

No

If yes, please explain.

Do any of the members of your household have symptoms of COVID-19 right now? (fever, cough, shortness of breath, body aches, etc.)

Yes

No

Do you believe you need changes made to your job because of exposure to susceptibility to infection with/complications from COVID-19?

Yes

No

If yes, please attach confirmation, signed by a medical provider, to this Form (for example, a Doctor's note) and describe the changes that are necessary. DO NOT DESCRIBE YOUR MEDICAL CONDITION(S).

\_\_\_\_\_  
Employee (or Supervisor) Signature

\_\_\_\_\_  
Date

**To be completed by Human Resources:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Has employee met FMLA eligibility requirements?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is employee eligible for leave benefits?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does employee have leave benefits available?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the position work in close proximity to other employees on a routine or constant basis?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the position work in close proximity to members of the public on a routine or constant basis, including those who may be sick? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Can the position be performed adequately by telecommuting (from home)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is medical documentation attached supporting accommodation request?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**ASSESSMENT**

**To be completed by Human Resources and communicated to management and employee:**

- |  |  |
|--|--|
| Potential FMLA Benefits - Send Packet <input type="checkbox"/> | Flex Time as Approved by Supervisor <input type="checkbox"/> |
| Telecommute <input type="checkbox"/>                           | Time Off - Vacation <input type="checkbox"/>                 |
| Job Accommodation - Other (explain) <input type="checkbox"/>   | Time Off - Sick Leave <input type="checkbox"/>               |
|  | Time Off- Paid Leave of Absence <input type="checkbox"/>     |

# COVID-19 MANAGEMENT ADVICE MEMORANDUM

<b>Management Should Do:</b>	<b>Management Should NOT Do:</b>
Provide information about leave benefits after consulting with Human Resources.	
Use Assessment for requests to telecommute or make other adjustments to position (ex: reducing interaction with public).	Force pregnant or employees known to be susceptible to complications of COVID-19 to telecommute.
Emphasize hand hygiene and cough/sneeze etiquette.	
Mandate that employees who are ill stay home.	Mandate that employees stay home based only on international travel or nationality.
Send employees home who appear sick at work.	Drive employees home or have coworkers drive employees home (call emergency contact on file if employee appears too sick to drive).
	Take employees' temperatures.
Collect information about exposure to COVID-19.	Collect information about medical conditions that pertain to susceptibility of complications from COVID-19.
Inform employees who are exposed to a coworker confirmed to have COVID-19.	Inform employees of the identity of the coworker with COVID-19.
With the assistance of Human Resources, determine when to send employees home who are exposed to a coworker confirmed to have COVID-19.	