

Please review the following information with your supervisor and complete the form.

Truman State University places the highest value on the health and wellness of each employee, student, and other members of the Truman community. Each Truman employee should discuss with their supervisor plans for the department and the individual employee as we prepare for Phase Two and transitioning back to working on campus. While some Truman employees will return to campus based on job-related needs, some will continue to work from home.

Employee Name \_\_\_\_\_ Department \_\_\_\_\_  
(Please Print)

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

- I am not displaying [signs of illness](#). I understand I may be required to obtain a physician's clearance or a COVID-19 test if I am displaying signs of illness or COVID-19.
- I have secured a face covering to wear while on campus, where required.
- If I am returning to work on campus, I understand my supervisor's plan to maintain social distancing from other employees, students, and guests in my work area.
- If I am returning to work on campus, I have discussed with my supervisor whether a shift work schedule or flexible scheduling is necessary for me.
- I have read the [CDC guidelines for cleaning](#) and have discussed how to keep my workplace clean and how to appropriately disinfect my work area.
- I understand I should minimize in-person meetings and should continue to conduct business over the phone or via Zoom.
- I understand any in-person meetings will require appropriate social distancing and/or facial coverings.
- I have read/will read the Truman information regarding entering and exiting buildings on campus as it becomes available.
- I understand guests (family, friends, etc.) are not to visit the campus. Only essential visitors (vendors, etc.) who deliver supplies needed to achieve the mission should come to campus.
- I understand I am to limit use of common area spaces such as kitchens, lounges, classrooms, etc. I will reduce or eliminate the need to use common equipment such as copiers, scanners, etc. as much as possible. If I use common areas or equipment, I will follow established [cleaning guidelines](#).

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date