Request for Return to On-Site Work Authorization

Consistent with public health advice, this form enables University leadership to identify those permitted to return to in-person work, starting first with individuals who must be onsite to complete their work.

**Employees should continue to work through telework arrangements unless approved to work on site.** For everyone’s safety, the University intends to gradually reintroduce employees back to work in university facilities, starting first with employees who must be on site to complete their work. Individuals already performing essential health care work in MU Health Care and the Veterinary Health Center do not need to complete this authorization.

To facilitate approval for a potential return to the workplace, please complete the following form.

Name __________________________________________
Email __________________________________________

College, School, or Division __________________________________________
Department __________________________________________
Department Chair __________________________________________

Name of supervisor/advisor/mentor
Name __________________________________________
Email __________________________________________

For graduate students and postdoctoral scholars:
- [ ] I have consulted with my supervisor prior to submitting this request.

Select the category that best represents your work:
- [ ] Research or Creative Activities
- [ ] Teaching or Outreach
- [ ] Administrative Function
- [ ] University Extension
- [ ] Other (please explain):

Select your location:
- [ ] MU Campus
- [ ] Extension Offices
- [ ] Agricultural Experiment Station (AES)
- [ ] Other University Site (please explain):
- [ ] Other non-University Site (please explain):

Where will your primary work occur?
Building __________________________________________
Room __________________________________________
Other Description __________________________________________
Provide a brief summary of the work and why it must be done on-site or at another location away from your home.

Explain why you believe your return to the workplace may be executed in compliance with the University’s COVID-19 Research and Creative Activities Restart Plan and other University guidance. Describe the precautions you will take to ensure your health and safety and the health and safety of others in your workspace (methods and means for social distancing, face coverings or other PPE, etc. in alignment with the Research Restart Plan).

Are there others who will need to return with you to allow you to conduct your work? If yes, please list their names here:
It is your responsibility to provide these individuals with contact information for their HR lead, should they have concerns about their ability to safely return to campus.

Additional Documentation (if relevant)
UPLOAD FILES
University of Missouri Behavior Guidance During Pandemic
Subject to modification per new guidance from federal, state and local public health officials, other new information, resources or best practices as they become available.

- Maintain social distancing of 6 feet between individuals
  - Maintain that distance in classrooms, corridors, laboratories, studios, recreation areas, common spaces, elevators, stairwells. (Walking past someone within six feet in a hallway is not considered an exposure risk.)
  - Pay attention to total density of people in a space.
  - Configure furnishings to enforce distance. Create 6-foot markers for waiting lines and other public spaces.
  - Following Boone County Health Department guidelines and advice from our own medical experts, use face coverings when it is not possible to keep a 6-foot distance. (CDC guidelines recommend wearing cloth face coverings at other times and individuals may choose to do so.)
  - Virtual meetings are preferred. If a meeting must be in-person, it must be in a room which permits attendees to be six feet apart.
  - Break rooms/lunch rooms and gathering areas are closed for social gathering. They may be used for food and drink preparation and consumption (one at a time, or multiple people as long as 6-foot social distancing can be maintained).
  - People should travel to sites with one person per vehicle. If that is not possible, all people involved should wear a cloth face covering and certify they have not exhibited symptoms similar to COVID-19, according to CDC guidelines.

- Hand hygiene: Frequent 20-second handwashing or 60% or more alcohol hand sanitizer.
  - Wash hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains 60%-95% alcohol.
  - Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing. Wash your hands with soap and water immediately after coughing, sneezing, or blowing your nose.

- Appropriate cleaning measures
  - The university is tracking continual cleaning of shared surfaces
  - Individual responsibility for wiping surfaces is needed for shared spaces.

- Self-monitoring of personal health
  - Watch for symptoms (CDC coronavirus symptom self checker)
  - Temperature check guidance
    Temperature is 37.8°C (100.4°F) or greater it is considered positive.
    Before you take your temperature:
    • Wait 30 minutes after eating, drinking, or exercising
    • Wait at least 6 hours after taking medicines that can lower your temperature, like acetaminophen, ibuprofen and aspirin.
- Take immediate action/report if symptoms
  - Stay home
  - Call health care provider (Student Health Center, if student) for guidance regarding testing
  - If advised to get coronavirus testing, stay home until results are known
  - If test is negative, follow health care provider advice regarding return to activities
  - If test is positive:
    a. Stay home
    b. Self-isolate
    c. Wear a face covering around others
    d. Cooperate with contact tracing by public health officials
    e. Strictly follow guidance regarding return to class/work
  - If you think you’ve had contact with a person identified as testing positive or exhibiting symptoms of COVID, please seek advice from your doctor or another health professional and follow their advice. You can contact HR and Mizzou’s Incident Command Team if you need assistance with self-isolation.

I have read and agree to comply with the required practices.
☐ I agree

I understand that University Health and Safety may conduct spot audits to confirm compliance with these required practices.
☐ I agree

Routing and Approval

Departmental Approver (Department/Center/Unit Head)
Enter the Internet ID (the portion of the UM email address before the '@')
Name

University Leader Approver (Department Chair, Dean, Vice Chancellor, or similar official as communicated by your leader)
Enter the Internet ID (the portion of the UM email address before the '@')
Name

Review your supplied details

Thank you for completing this form

Your submission reference is: XXXXXXX_