

Return-to-Work: Documentation of Contact

Employee Name: _____ Date of communication: _____

1. Method:

- Phone call
- Email
- US mail
- Text

2. What was the return-to-work date offered to the employee? _____

3. Did the employee confirm that they were comfortable returning to work?

- Yes, no reservations and will report to work on date above.
- Yes, with questions, concerns, or modifications
- No

4. If "yes, with questions," what questions, concerns, or modifications were expressed/requested?

5. If "no," what follow-up questions did you ask?

- "Can you help me understand a little more?"
- "What's on your mind?"
- "Could you say more about that?"
- Other: _____

6. If "no," what reasons did the employee give for being unready to return to work on the date offered? (Check all that apply.)

- Has been exposed to COVID-19
- Fears for own safety re: COVID-19; employee identifies self as high-risk
- Fears for own safety re: COVID-19; employee does not identify as high-risk
- Fears for safety of household member who is high-risk of COVID-19.
- Caring for ill child at home.
- Caring for ill (non-child) family member at home.
- Has lost access to childcare that was previously available.
- Believes returning to work may result in reduced income.
- Expresses dissatisfaction with changed workplace protective procedures.
- Believes role can be adequately performed via telework.
- Other: _____

7. (If applicable) Date of next contact scheduled for: _____

8. Name of person who completed this form: _____

Signature

Date