

# Return to Workplace Checklist

Supervisors must have each employee complete the following form prior to the employee returning back to the workplace or field. You must review your workplace specific protocols with your employees before they sign this form.

**Welcome back! We are glad you are here.**

Employee Name and ID	
Supervisor/Manager	

## A. State Property

Please indicate any of the following state-owned equipment you are returning to the office

- Key card/security badges
- Mobile device (e.g. cellphone, notebook) asset #
- Laptop/desktop – asset #
- Computer Monitor
- USB flash drive
- Building keys
- Purchasing card
- Office Chair
- Other (please specify)

Yes  No  N/A - Not returning equipment

I verify the state-owned equipment marked above has been cleaned and sanitized according to [guidelines](#) and returned to my agency.

Specify: \_\_\_\_\_

## B. Communications

- Remove any modified service message on your voicemail and record a new personal greeting.
- Remove any modified services delivery message on your internal and external email.
- My supervisor and I have discussed, and I understand expectations for social distancing, hand hygiene, cleaning, cloth face coverings, and other protocols to reduce the spread of COVID-19. I understand that I need to stay home if I am sick.

## C. Training

- I reviewed COVID-19 Training for State of Michigan Employees presentation from the Office of State Employer and understand the information within.

**I VERIFY THAT I WILL COMPLETE A DAILY HEALTH SCREENING TO BEGIN MY WORKDAY. I VERIFY I HAVE REVIEWED MY WORKPLACE'S EXPOSURE CONTROL PLAN AND RETURN TO WORKPLACE PLAN AND UNDERSTAND THE EXPECTATIONS FOR PERFORMING MY JOB IN THE WORKPLACE UNDER NEW COVID-19 PREPAREDNESS PROTOCOLS.**

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

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