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FAYETTEVILLE STATE UNIVERSITY



Overview

The safety and well-being of students, faculty and staff has always been paramount to Fayetteville State University (University). The welfare of our campus community has become greater during this pandemic.

This guide has been prepared for supervisors to help create a safe and supportive work environment for employees as they transition back to campus.

In an effort to create as safe environment as possible, the University will seek to comply with state and federal guidance and orders, including those provided by the Center for Disease Control and Prevention, the Governor of the State of North Carolina, the Department of Health and Human Services and the Occupational Safety and Health Administration and the University of North Carolina System.

Kay Faircloth, Associate Director Human Resources is the designated point of contact for employee questions or matters concerning COVID-19. She can be reached at ifairl6@uncfsu.edu or you can send an email to hrinfo@uncfsu.edu.



Return to Work Training for Staff and Faculty

Coming soon to



As Fayetteville State University Staff and Faculty prepares to return to campus, we want to inform everyone of ways to keep the Bronco community safe. A "COVID 19: Return to Work Basic Safety and Awareness Course" is coming soon to Canvas, the course covers prevention strategies, response steps, and symptom monitoring. All employees are required to complete the training course before returning to campus. Employees who are currently working on campus in mandatory/essential roles should complete the course as soon as possible. Employees who are unable to access and complete the course remotely should consult with their supervisor to schedule a time to complete on their first day of work.

All employees will receive an invitation in their FSU inbox to participate in the Canvas "Return to Work" training.



Checklist and Forms

☐ Return to Work Manager/Supervisor Checklist
The checklist should be used by managers/supervisors when preparing for the safe return of their employees and in effort to create as safe environment as possible while employees are at work.
☐ Employee Return to Work Communication
The return to work letter should be provided by the supervisor to each non-faculty employee.
☐ Employee Flexibility Request Form This form should be completed by employees who wish special consideration because of a medical condition or child/elder care.
□Supervisor Follow- Up E-mail Template COVID-19: Supervisor template email to follow-up with Employee who does not report to work due to symptoms, a positive test result, or order by a public health official to self-quarantine due to possible exposure. Copy & Paste template into e-mail.
template mito e-mail.



Employee Return to Work Communication

MM/D	D/2020	
To:		(Employee)
From:		(Supervisor)
Cc:	Humar	n Resources (Kay Faircloth)
Re:	Emplo	yee Return to Work Communication
You ha	ve been	identified to return to work as part of the campus re-opening effort.
You are	e to rep	ort to campus to work during the following dates and times:
	0	
	0	
	0	On the dates and times (if any) when you have not been directed to report to work onsite, you may be required to telework if your position duties can be performed remotely. Your supervisor will provide directions/information regarding teleworking.

- You are expected to follow all COVID-19 safety protocols listed in the <u>Fayetteville State University</u> Returning to Work Guide.
- You are required to complete the Return to Work Training in Canvas.
- You are expected to complete a Daily COVID-19 Self- Monitoring Checklist, provided by Fayetteville State University, related to COVID-19 symptoms and / or exposure, and agree to follow the instructions provided on the form.
- Employees are required to wear masks or face coverings that cover the mouth and nose when on campus and in the presence of others or in settings where 6 feet of social distancing cannot be maintained.
- <u>Do not</u> report to work if you are experiencing any of the following:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
 - If you experience any of the above symptoms, STAY HOME and notify your supervisor. You should also contact your healthcare provider for guidance.



COVID-19 Daily Self- Monitoring Checklist

All employees scheduled to work on campus are required to complete this daily self-monitoring checklist before reporting to work. If you reply YES to any of the questions in the checklist, stay home and follow the steps outlined below:

Do you have a **Fever** (temperature of 100.4 F or higher) without having taken any fever reducing

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medications?			
□Do you have Chills ?			
□Do you have a Cough ?			
☐ Do you have Shortness of Breath or Difficulty Breathing ?			
□Do you have Congestion or a Runny Nose ?			
□Do you feel Fatigued ?			
□Do you have Muscle Aches ?			
□Do you have a Sore Throat ?			
□Do you have a Headache?			
□Do you have a New Loss of Smell or Taste?			
\square Have you experienced any gastrointestinal symptoms such as $oldsymbol{na}$	usea/vomiti	ng, diarrhea,	, loss of
appetite?			
\square Have you, or anyone you have been in close contact with been d	iagnosed wit	h COVID-19,	or been
placed on quarantine for possible contact with COVID-19?			
\square Have you been asked to self-isolate or quarantine by a medical p	rofessional c	or a local pub	olic
health official?			

If you reply YES to any of the questions in the checklist, <u>STAY HOME</u> and follow the steps below:

- 1. Call your supervisor.
- 2. Call you healthcare provider for guidance on testing/medical care.
- 3. Call or email Kay Faircloth in Human Resources for questions regarding available leave for COVID-19 related absences (jfaircl6@uncfsu.edu or 910-672-2461).

If you start feeling sick during your shift, notify your supervisor, go home, and follow steps 2 and 3 above.

If you are sick with COVID-19 or believe you might have it, you should stay home. You may return to work when you provide a note from your healthcare provider returning you to work.



Employee Flexibility Request Form for On-site Work

I. EMPLOYEE DATA					
Employee Name:			Date:	Clic	k or tap to enter a date.
Position:					
Contact Information: (email/phone)					
Department:			Supervisor Name:		
II. NATURE OF REQUES	ST .				
Please select what you	are requesting from the	options below. You will note you	r reason(s) in ti	ne next s	ection.
Work Type	Proposed Start Schedule	Workdays P	Proposed Start I	Date	Proposed End Date
On-Site Work	☐ Full-Time ☐ Part-Time: Hrs		lick or tap to date.	enter a	Click or tap to enter a date.
Telework	☐ Full-Time ☐ Part-Time: Hrs		Click or tap to enter a Click or tap to en date. date.		Click or tap to enter a date.
Leave	☐ Full-Time ☐ Part-Time: Hrs		Click or tap to enter a Click or tap to ent date. date.		Click or tap to enter a date.
Provide any additional	scheduling details relate	ed to your request:			
☐ Check box here	e if you are unable to tele	work in any way due to your job	responsibilities	or techn	ology considerations.
III. REASON(S) FOR RE	QUEST				
Select all options that apply to your request above. (Documentation requirements, if any, are listed on the next page.) Based on my age (65 or older) and/or one or more medical conditions, I would face a high risk of severe illness if I were to become infected with COVID-19.					
☐ I have childcare	e needs due to a school/cl	hildcare facility closing or unavaila	ble childcare p	ovider re	lated to COVID-19.
☐ I have eldercar	e needs due to an elderca	re facility closing related to COVID)-19.		
\Box I am subject to a federal, state, or local quarantine or isolation order or have been advised by a healthcare provider to self- quarantine related to COVID-19.					
		ect to a federal, state, or local quar	rantine or isolat	ion orde	r or has been advised by
a healthcare provider to self-quarantine related to COVID-19.					
☐ I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.					
☐ Other medical					
	lical reason (explain):				
IV. SIGNATURE					
Please submit this completed request form to Kay Faircloth (jfaircl6@uncfsu.edu) in HR for review. Your request					
will be discussed with your supervisor. You will receive a written response to your request.					
55 5.5355	,		,		
V. HR USE ONLY					
☐ Approved ☐ Denied	HR Representative		Date:		



Employee Flexibility Request Form for On-site Work

V. Documentation Requirements Based on Request Reason

Supporting documentation will be required for as indicated below, based on the reason for your request for consideration for flexibility.

Based on my age (65 or older) and/or one or more medical conditions, I would face a high risk of severe illness if I were to become infected with COVID-19.

• If request is due to medical condition that presents high risk of severe illness, provide a doctor's note on the doctor's letterhead indicating that you are at high risk for severe illness based on current CDC guidance, which can be found at https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html. Your doctor should include the start and end dates that they recommend you to be approved for telework or leave.

I have childcare needs due to a school/childcare facility closing or unavailable childcare provider related to COVID-19.

 Complete and submit with this form the EPSL-EFMLA Form, which can be found at https://www.uncfsu.edu/faculty-and-staff/departments-and-offices/office-of-human-resources/covid-19-employee-resources

I have eldercare needs due to an eldercare facility closing related to COVID-19.

- Attach to this form the following details:
 - Name and relationship of person for whom you are providing care
 - o Name of the eldercare facility that is closed, contact person for the facility and phone number

I am subject to a federal, state, or local quarantine or isolation order or have been advised by a healthcare provider to self- quarantine related to COVID-19.

• Provide evidence of order or doctor's note on letterhead indicating advice to self-quarantine

I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order or has been advised by a healthcare provider to self-quarantine related to COVID-19.

- Provide evidence of order or doctor's note on letterhead indicating advice to individual to self-quarantine
- Provide name and relationship of person for whom you are caring

I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.

 Note from healthcare provider on letterhead with advice to self-quarantine or document indicating date of COVID-19 testing

Other medical reason.

Note from healthcare provider on letterhead explaining reason for requested absence. Please note, you may
wish to speak with Kay Faircloth in the Office of Human Resources prior to contacting your healthcare provider,
as more extensive documentation may be required.



Supervisor/Manager Return to Work Checklist

BEFORE R	ETURNING TO WORK:
REVIEW AVAIL	ABLE GUIDANCE AND TRAINING
	Review relevant FSU resources and policies at <u>FSU COVID – 19 Employee Resources</u>
	Complete required COVID-19 training for FSU employees prior to returning on-site.
	Review the <u>FSU Returning to Work Guide</u> and work with your department's senior leaders to understand options and to develop plans for continued telework and flexible work arrangements for your staff.
	Contact Facilities Management regarding needs to modify workspaces and / or assistance mapping out visual
	cues necessary for traffic flow related to social distancing, or other Facilities-related matters.
	Contact ITTS for assistance with technology and software needs for employees to perform essential job
	functions.
	Determine which of the below OSHA risk classifications the employee's job meets. Check one.
П	Lower Exposure Risk jobs are those that do not require contact with people known to be, or suspected of being,
_	infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this
	category have minimal occupational contact with the public and other coworkers.
П	Medium Exposure Risk jobs may be in contact with the general public (i.e., within 6 feet of people who may be
	infected with COVID-19 but are not aware of their infection). This is a medium occupational risk with proper
	physical barriers and 6-foot social distancing. Examples include front desk reception positions and end user IT
	support staff.
	Review your emails daily for updates related to COVID-19 safety guidance, work and leave provisions, and
	potential notifications of COVID -19 cases on the campus. Campus-wide notifications may be sent by Jeffrey
ENADL OVEE NAOI	Womble, FSU News, and / or through Clery notifications.
	NITORING AND SCREENING
	Talk with your employees about their comfort with returning to work and the importance of self-monitoring.
	Self-screening is required daily before coming to work. Instruct employees to use the COVID-19 Daily Self- Monitoring Checklist (located on page 7 of the RTW guide).
	Remind employees that if they have any COVID-19 symptoms or have been exposed to COVID-19, they are
	expected to stay home, contact you to advise of their absence, and contact their healthcare provider for
	guidance on testing and / or medical care. They should also contact Kay Faircloth in Human Resources with
	questions concerning appropriate leave.
	Employees who experience COVID-19 symptoms at work are required to leave work, contact you to advise of
	their absence, and contact their healthcare provider for guidance on testing and / or medical care. They should
	also contact Kay Faircloth in Human Resources with questions concerning appropriate leave.
	Employees who stay home or leave work due to COVID-19 symptoms may contact Kay Faircloth in Human
_	Resources to discuss available leave options. COVID-19 positive test results may be reported to Kay Faircloth
	in Human Resources – reporting is voluntary and COVID-19 screening and monitoring results and illness are
	confidential.
FACE COVERING	GS / PERSONAL HYGIENE
	Face coverings/masks are required while working on-site except when in your private office, eating, or drinking.
	All individuals shall be required to wear face coverings in classrooms, lecture halls, and any other instructional
	areas and campus locations as may be designated by the university consistent with the health and safety standard
	and any requirements instituted by state authorities.
	Face coverings are not required in your personal office if working alone and the door is ajar.
	Personal hygiene such as frequent and thorough handwashing is encouraged. Determine the closest location to wash hands. Hand sanitizer may be used if handwashing access is not available.



Supervisor/Manager Return to Work Checklist

	Understand NC DHHS's Know Your W's guidance:
	1. Wear a cloth face covering.
	2. Wait 6 feet apart. Avoid close contact.
	3. Wash your hands often for at least 20 seconds or use hand sanitizer.
	Hand sanitizer can be used in addition to hand washing but is not a substitute for proper handwashing.
WHILE AT W	
SOCIAL DISTANC	ING WORKPLACE REQUIREMENTS
	Maintain social distancing in the workplace, particularly in common areas, breakrooms, shared workrooms, doorways, hallways, stairs, elevators, and restrooms.
	Identify high-touch areas and shared equipment and post requirements on the use of disinfecting wipes and/or sprays
	Discourage employees from using others' phones, desks, offices, or other work tools and equipment
	Encourage virtual meetings and limit face-to-face meetings. When meeting face-to-face, encourage social distancing
	Workstations and desks: Clean and disinfect individual equipment frequently. At a minimum, this should be
	done at the start of each workday.
	Common areas: Use the common area closest to your workstation. Maintain a safe distance, at least six feet away from other individuals
	Elevators: Avoid riding elevators with others to the extent practicable. Use the stairs whenever possible.
	Breakrooms/kitchens: No communal food items are allowed, including as part of office events (i.e.
	birthday/retirement/special occasion)
	Follow the instructions for disinfecting wipes and cleaning supplies in areas with shared refrigerators,
	microwaves, coffee machines, etc.
	Use disinfecting wipes in vending machine areas with instructions to wipe touchpads and change slots after use.
	Shared equipment: Use shared equipment closest to workstation and follow the signage for disinfecting. Limit
	the sharing of office supplies; employees should have their own designated pens and pencils. Opening or expanding operations incrementally will allow employers to test and adjust plans and procedures
REMOTE WORK	
	Solicit feedback and evaluate what worked and what did not during recent closures and periods of teleworking
	If appropriate, continue telework for certain positions and evaluate whether teleworking is temporary, including alternating or staggered teleworking.
	Employees may request to continue teleworking temporarily.
COMMUNICATIO	ONS, TRAINING AND MONITORING
	Ensure employees have completed required training.
	Communicate the return to work plan for your department/workgroup to all employees and ensure they understand their expected return-to-work date. This information should be provided in writing, using the
	Return to Work Communication template (found on page 6 of the RTW guide) provided by the Office of Human Resources.
	Communicate to all employees equally about the support available if someone wishes to voluntarily disclose their high-risk status. Employees are not required to disclose if they are in a high-risk category based on a pre-
	existing medical disability.
	Conduct regular check-ins with employees to discuss challenges, concerns, or questions. Offer support during this transition.
FLEXIBILITY	
	FSU will continue to monitor applicable orders (local or state government), along with guidance provided
	specific to the UNC System. Please review your email regularly for updates regarding work provisions.



Note: COVID-19: Supervisor template email to follow-up with Employee who does not report to work due to symptoms, a positive test result, or order by a public health official to self-quarantine due to possible exposure. Copy and Paste template below into e-mail.

Employee Name,

I am writing to follow-up on our conversation earlier today when I briefly provided guidance regarding your work status. You should:

- stay at home, and not report to work
- contact your primary healthcare provider (if you do not have a primary care provider, you may contact the Health Department in your county of residence for guidance)
- request a note from your healthcare provider clearing you to return to work
- send the return to work note to Kay Faircloth in Human Resources by email jfaircl6@uncfsu.edu or fax 910-672-1821 .

I realize that you may be absent from work for two weeks or more due to health reasons. If you have questions about available leave options, please contact Kay Faircloth in Human Resources at X2461.

I have included a link below to the FSU Coronavirus resource page, where you can find more information about COVID -19 from the Centers for Disease Control (CDC), forms for COVID-19 and FFCRA leave requests, and information from ComPsych, our employee assistance program provider.

FSU HR COVID – 19 Employee Resources

Please feel free to call me if you have any questions.
Supervisor name
Cc: Kay Faircloth, Human Resources