COVID-19 Employee Return to Work
Exception Form

This form is to be used by supervisor/managers to log details about employees who have concern about returning to work. Please return this completed form to Human Resources as soon as possible.

*Human resources will contact the employee to gather further information.

Date: _____

Form Submitted By: _____

Employee Name: _____

Employee's Contact Number: _____

Employee reason for not wanting to return (check all that apply):

☐ Employee personal medical condition ☐ Employee family member condition

☐ Employee is a caregiver ☐ Employee exposed to COVID19

☐ Employee is ill ☐ Other COVID19 related concerns

☐ Daycare/school closure issues

Please provide any other relevant details given to you during your communication with the employee: