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| --- | --- | --- | --- | --- | --- |
| Unit Information (To be Submitted by the Unit Supervisor, Director, Chair or VP) | | | | | |
| Unit Name | | |  | | |
| Unit Supervisor’s Name | | |  | | |
| Unit Supervisor’s Director/VP | | |  | | |
| Unit Location Building | | |  | | |
| Unit Location Room(s) | | |  | | |
| Unit Phone # | | |  | Supervisor Phone # |  |
| Supervisor Email | | |  | | |
|  | | | | | |
| Staff Information (at Location above) | | | | | |
| Total Number of Unit Staff | | |  | | |
| # Staff on Campus Daily Now | | |  | | |
| (if varies by day indicate days) | | |  |  |  |
| Date Unit at 100% on Campus | | |  | | |
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|  | | | | | |
| Plan for Return | | | | | |
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|  | REMINDERS   * Employees can begin to come back from telecommuting as soon as operationally required with a notice of at least 48-hours * If a change in schedule is required to stagger entries or departures, please contact Labor Relations for assistance. * Employees who do return are required to wear masks and socially distance (currently 6ft) * Employees who work on campus are required to participate in mandatory COVID surveillance testing | | | | |