



## WORKSITE SPECIFIC COVID-19 PREVENTION PLAN EMPLOYEE ACKNOWLEDGEMENT FORM

I have read and agree to follow the COVID-19 Worksite Specific Plan.

I understand that:

- I must complete the Wellness Survey each day before work. If I have symptoms, I will stay home and notify my supervisor in advance of my shift.
- If I feel symptoms during my shift, I will contact my supervisor and retake the Wellness Survey and/or contact the Employee COVID Hotline.
- I will maintain social distancing at all times when in the office/lab.
- I must maintain a high level of cleanliness for myself, my workspace, and any common areas I use.
- I will follow the proper procedures for the use and proper wearing of a face covering.
- I understand the COVID-19 Worksite Specific Plan may change as conditions evolve and that I will receive written notification of changes.
- I understand that additional UC Riverside information regarding the campus' response to COVID-19 may be found at <https://ehs.ucr.edu/coronavirus>.

Name (first, last)	Signature	Date