



On-site Work Request

Employee Name:	Employee ID:
Job Title:	Department:
Supervisor:	Estimated Start Date:

The intention of this form is to request approval to work on-site at a System Administration office location if deemed critical based on the employee job responsibilities. Note: If you are coming to an office location for a one-time task or appointment, this form is not required. However, you must still complete the Wellness Assessment prior to arriving on-site.

1. Please choose one of the following options:

2. Briefly provide context on why the employee needs to work on-site:

3. Type of work environment:

4. Which office location will the employee be traveling to? If traveling to 1800 Grant St. which floors will the employee need access to?

5. Please indicate approximately which days and times the employee will be working on-site:

If on-site work request is approved, the employee certifies they will self-monitor health including symptoms outlined [here](#), and not travel to the office location if they have experienced any of the related symptoms.

Employee Signature

Date

Note: The approvals required are: Supervisor, Department Head, and the Chief Human Resources Officer.

Supervisor Approval

Date

Department Head Approval

Date

Chief Human Resources Officer

Date