

Dept. Name:

Function/Services:

## RETURN TO CAMPUS REQUEST

Departments should read the Return to Campus Guidelines and Expectations before completing the Return to Campus Request. Campus repopulations will be tightly controlled and coordinated to mitigate potential risks and ensure the safety of students, faculty, and staff, as well as the communities we serve. ***No unit or department shall return faculty, staff or student employees to campus without appropriate authorization.*** Requests to return to campus will be evaluated through a process of risk and resource assessment to establish approval, prioritization, and sequence. The Emergency Operations Center (EOC) will be reviewing each department's applicable risk assessment and prevention protocols before employees or students are permitted to return to campus.

**Following are the steps necessary to complete the Return to Campus Request: (Department shall not return employees to campus until notified by EOC)**

**Step 1: Department Director/Dean to complete Part 1 (Employees Requested to Return to Campus).  
Submit to VP/Dean for review and approval.**

**Step 2: For department/administrative/faculty offices:  
Department Director/Dean to complete Part 2 (Departmental Risk Assessment).  
Submit Part 2 and Part 1 to [eoc@csuchico.edu](mailto:eoc@csuchico.edu).**

....OR.....

**For academic instructional/research space:  
Chair/Faculty to complete Part 3 (Academic Instructional/Research Space Risk Assessment).  
Submit Part 3 and Part 1 to [eoc@csuchico.edu](mailto:eoc@csuchico.edu).**

**Step 3: EOC will review documents (Parts 1&2 or Parts 1&3) and work with department to assign training and ensure prevention protocols are complete and in place.**

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### PART 1 - Employees Requested to Return to Campus

Department to submit Part 1 for VP/Dean approval.

**Instructions:**

- 1) List all employees requested to return to campus in Summer and/or Fall on a full-time or partial-time basis and the estimated hours/days requested to be on-campus.
- 2) Include information that explains the reason the employee(s) need to return to campus and why the services cannot be performed remotely, or academic space must be used.
- 3) All employees needed for effective on-campus operations will be included in the repopulation request. Managers are to provide at least 7 days' notice before transitioning an employee back to campus to work. Employees who have medical concerns regarding their ability to return should contact the Benefits unit in the Human Resources Services Center to explore available options. Benefits team can be contacted at [leaves-workcomp@csuchico.edu](mailto:leaves-workcomp@csuchico.edu) or calling (530) 898-4360.

Employee Information (to assign training)	Barg. unit	Summer 2020 Plan		Fall 2020 Plan		Estimate days/hours per week if known	Reason why services cannot be performed remotely or academic space must be used  <i>Use multiple lines if needed</i>
		Full time on-campus services	Partial time on-campus services	Full time on-campus services	Partial time on-campus services		
<i>Example – John Doe</i>	<i>07</i>		<i>X</i>	<i>X</i>		<i>Summer: Mon-Wed – 8am to noon</i>	<i>Need access to documents and files in office for year-end close</i>
<i>Example – Dr Jane Doe</i>	<i>03</i>		<i>X</i>	<i>X</i>		<i>Summer: Mon-Th – 7am to noon</i>	<i>Need access to chemicals and scientific equipment</i>
<i>Example – Student Asst</i>	<i>n/a</i>	<i>X</i>		<i>X</i>		<i>Summer: M/W – as needed</i>	<i>Need to feed animals</i>

*For best results, save this form to your desktop before filling it out, and be sure to save changes.  
Additional information may be attached if necessary.*

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### PART 1 - Employees Requested to Return to Campus

Employee Information (to assign training) <i>Attach list if needed</i>	Barg. unit	Summer 2020 Plan		Fall 2020 Plan		Estimate days/hours per week if known	Reason why services cannot be performed remotely or academic space must be used <i>Use multiple lines if needed</i>
		Full time on-campus services	Partial time on-campus services	Full time on-campus services	Partial time on-campus services		

Department Director/Dean: \_\_\_\_\_

Proposed Start Date:

VP/Dean Approval: \_\_\_\_\_

Approval Date:

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**PART 1 - Employees Requested to Return to Campus (cont.)**

Employee Information (to assign training) <i>Attach list if needed</i>	Barg. unit	Summer 2020 Plan		Fall 2020 Plan		Estimate days/hours per week if known	Reason why services cannot be performed remotely or academic space must be used <i>Use multiple lines if needed</i>
		Full time on-campus services	Partial time on-campus services	Full time on-campus services	Partial time on-campus services		

Department Director/Dean: \_\_\_\_\_

Proposed Start Date:

VP/Dean Approval: \_\_\_\_\_

Approval Date: