



## RETURN TO WORK ACKNOWLEDGMENT

You have been identified by your supervisor or PI as someone who has a need to enter PNRI's building to perform business related activities. PNRI has implemented a building wide plan with measures that are designed to provide a safe working environment for our employees, including measures that will reduce the risk of you being infected with SARS-CoV-2, or you potentially infecting others while in the building.

By signing below, you are acknowledging the following statements.

- I agree to comply with the processes and procedures outlined in the PNRI COVID-19 Response Plan, a copy of which has been provided to me.
- I understand that elements of the PNRI COVID-19 Response Plan may be updated from time to time, and that I agree to comply with any updates once I am informed.
- I understand that I will be asked to provide information about my health status on a daily basis before entering the building.
- I understand that if I am experiencing symptoms consistent with a presumptive diagnosis of COVID-19 while in the building, I must immediately separate myself from others, inform my supervisor or PI, and leave the building.
- I agree to comply with the PNRI Return to Work Safely policy, a copy of which has been provided to me.
- I understand that if I fail to comply with the PNRI COVID-Response Plan, I may be subject to disciplinary action, including the possible denial of access to PNRI's building and/or termination. I understand that I will be provided with a notice of failure to comply and will be given an opportunity to satisfactorily rectify compliance before such action is taken.

Further, I attest to the following:

- I have not had close contact with anyone who has tested positive for COVID-19 in the previous two weeks or who has been tested and is waiting for results, or is currently under self-quarantine.
- I agree to return to work in PNRI's building of my own accord and that I have not been coerced or threatened with retaliatory actions for failing to return.

- I understand that I have a right to work in a safe environment and that if I perceive that my work environment is unsafe, I have the right to notify PNRI at any time and request reasonable accommodation without threat of retaliatory action. I understand PNRI's Policy for Reporting and Managing Safety Issues, a copy of which has been provided to me.

Please indicate your agreement by signing below (a typed signature is permissible) and returning this document via email to Diana Lindbeck (dlindbeck@pnri.org).

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**(Signature)**

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**(Print Name)**

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**(Date)**