



Employee Return to Work Acknowledgement

As stated in the attached letter, we informed you that Seeley Brothers is excited to announce the Return to Work for most Employees who are teleworking. Please complete the information below.

Sign and return the completed form.

Please select one of the following:

- I will return to work on the scheduled date of _____, 2020
- I am requesting to temporarily continue teleworking. I understand my position may require me to also come into the office to complete certain job responsibilities. I will need approval from my immediate Supervisor before being allowed to continue teleworking.
- I am unable to return to work on the scheduled date, due to one of the following reasons:
 - I am subject to Federal, State or local quarantine or isolation order related to COVID-19.
 - I have been advised by a health care provider to self-quarantine related to COVID-19.
 - I have been experiencing COVID-19 symptoms and am seeking a medical diagnosis.
 - I have been caring for a individual subject to an order described in (1) or self-quarantine as described in (2).
 - I have been caring for a child/children whose school or place of care is closed(or childcare provided is unavailable) for reasons related to COVID-19.
- I am unable to return to work on the scheduled date because (please describe).

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- I will not be returning to work and submit my voluntary resignation effective:
 - Other (please describe any addition information we should know):
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My signature below confirms I have read and understand Seeley's: Mandated Procedures and Best Practices to reduce the spread/transmission of COVID-19. Within the last 10 days I have not experienced any symptoms of the COVID-19 virus as defined be the CDC.

Date: _____

Employee Signature: _____

Print Employee Name: _____