

CENTRAL OFFICE SUPERVISOR REPORTING SHEET

Employee Name: _____ Supervisor Name: _____

Division and Section: _____ Reporting Date: _____

Employee Has Tested Positive For COVID

Last Day Employee was at work location: _____

Date Tested: _____

Documentation of test result provided (Required)

Quarantine Dates:

DATE SYMPTOMS BEGAN: _____ (Day 0)

Start: _____ (Day 1) End: _____ (Day 5)

Dates Mask is Required: Start : _____ (Day 6) End: _____ (Day 10)

Employee will be: Teleworking On leave

Employee Has Been In Close Contact WITH SOMEONE WITH A COVID DIAGNOSIS:

Date of Close Contact: _____ (Day 0) Is the employee experiencing symptoms? _____

If yes, Date symptoms began: _____ (Day 0)

Dates Mask is Required: Start: _____ (Day 1) End: _____ (Day 10)