

Return to the Workplace Guide For Massachusetts Employers

For Business Owners, HR Professionals and Operations

Sample Templates

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Sample Return to Work Letter

As with any model document, utilizing a sample document requires an employer to make several policy choices particular to that organizations' existing policies and practices. The text below highlights some of those options via color coding. Customize the highlighted text to fit your company procedures and practices. Please note that sample forms, letters and policies should be reviewed by your legal counsel for compliance with applicable law.

In accordance with federal and state guidance, [Company Name] is preparing to re-open for business. You may want to insert a sentence here about how your employees will be benefitting the community or contributing to the long-term health of the company by returning to work.

Customize the option which best represents your company's planned operating practices

Option 1

You are expected to report to [insert location] on [insert date] at [insert time].

Option 2

You will have the option to telework for the time period of [insert date] to [insert date].

We know that this has been a challenging time for many of our employees. It is our goal to support you as you return to work. We want to make sure you are aware of our company's employee assistance program which can be accessed here: [insert contact information].

In addition, you can be assured that we have taken the following precautions to prepare our workplace for your return:

Include all that apply:

- We have engaged additional cleaning services
- We will require and provide personal protective equipment for each employee to include X.
- We will implement staggered shifts to reduce the number of employees in the office.
- We have separated employee workstations to support social distancing.

Please refer to our Return to Work Safety Plan (attached) for further information about what you can expect in the workplace.

Individuals who choose not to return to work at the indicated time and date must notify [insert contact name] at [insert email or phone number] by [insert date]. This will be considered a voluntary resignation and may impact your ability to collect unemployment and will terminate your company benefits.

Employees with questions prior to the return to work date are encouraged to contact [insert name and contact information].

Stay well.

Signed,

[Insert Name]

Sample letter for communicating a positive COVID-19 test in your workplace.

As always, use caution in applying any policy that might violate the Americans with Disabilities Act, HIPAA or any applicable state or federal leave.

As with any model letter, utilizing a sample document requires an employer to make several policy choices particular to that organizations' existing policies and practices. The text below highlights some of those options via color coding. Customize the highlighted text to fit your company procedures and practices.

Customize your opening. Here is a sample:

First, we want to extend our appreciation to this team who have demonstrated tremendous commitment to our business during this difficult time. Please be assured that the health and safety of all our employees, customers, and vendors is always our priority.

Today we want to make you aware that we have recently been notified that an employee of our organization has tested positive for COVID-19. Please be assured that all those that had been identified as being in close contact have already been personally notified. The affected employee is self-quarantining in accordance with the public health recommendations, and we wish them well toward a speedy recovery.

We realize this is unsettling news, and want to assure you that we're taking additional precautions to increase the safety of our workplace, including increased sanitizing and cleanings — particularly in high-traffic or common areas — spacing workstations, increasing shifts, increasing remote-work capabilities, temperature assessments, providing masks & gloves, eliminating meals in common areas, and modifying visitor policies.

As a reminder, if you are sick please stay home. It remains important for employees to self-report any symptoms or positive diagnosis of COVID-19. Also,

- The virus is transferred via respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Therefore, be sure to practice social distancing, which is allowing a minimum of 6' between you and another person.
- Wash your hands frequently for 20 seconds with warm water and soap. If washing is unavailable use hand sanitizer with 60% alcohol.
- Cover your nose and mouth with a tissue if you cough or sneeze or use your arm.
- If you have a cough, fever, shortness of breath or other flu-like symptoms, stay at home, call your doctor, and don't risk exposing others to illness. Staying home prevents the spread of the virus and minimizes exposing co-workers. Please contact ----- for information on our sick leave policies.
- If you have been directly exposed to COVID-19 or have tested positive for the virus, stay home and please contact ----- to discuss our leave policy and other items. We are here for you and have put policies in place to help support you during this difficult time.

- Please be aware that some people, such as older adults and those with chronic medical conditions, may be at higher risk for severe illness and should take additional precautions.
- Stop handshaking – use other noncontact methods of greeting another person.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Consistently disinfect your work area surfaces like doorknobs, tables, desks and alike regularly with anti-viral wipes we've provided.
- Increase ventilation by opening windows where and when possible.
- We will provide training on how to use any protective masks, gloves, clothing or equipment - how to put it on, use/wear it, and take it off correctly.

As the situation continues to unfold, it is important to understand the facts about COVID-19 and to rely on credible sources for news and information. Guidance and any specific requirements for COVID-19 mitigation and response are being provided by authorities such as the U.S. Centers for Disease Control ([CDC](#)).

Should you have questions about this, or anything related to this ongoing situation, please don't hesitate to contact your supervisor, or myself.

Please keep in touch with your direct supervisor should you have any questions or need assistance and ...stay well.

Sample return to work safety plan to share with employees

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When your company decides to re-open for business, there are several items for you to consider. You will want to make sure your workplace is safe for employees, customers and vendors. In addition, you'll want to decide how you will communicate this information. We have provided a sample safety plan below. Please keep in mind that this plan should be customized to meet the needs of your organization. The sections outlined below may or may not apply.

Sample COVID-19 Return to Work Safety Plan

[Company Name] has been closely monitoring guidance provided by federal and state governments and health organizations to ensure the safety and wellbeing of our employees. The purpose of this policy is to outline our current safety practices as they relate to COVID-19.

Given the on-going fluid nature of the virus and the unknown issues still to be encountered in the future, these guidelines may be evolving and changing as we move forward.

Optional section on re-opening phases

It is in the best interest of all [Company Name] employees to allow for proper social distancing wherever possible. The facility/office will re-open on a gradual basis so that the number of employees and areas of the office being utilized is initially very limited and then slowly increased if we and the greater community have successful results in achieving the "new normal." The actual duration and timing of these phases will be determined based on guidance from state and local health officials. The phases identified are as follows:

- **PHASE I – PARTIAL OFFICE OPENING ASSIGNED BY DEPARTMENT**

On each workday, there should be only be one employee from each department in the office. Managers will work out a schedule for their department to provide coverage on a rotating basis.

- **PHASE II – PARTIAL OFFICE OPENING ASSIGNED BY ALTERNATING TEAMS**

Staff members will each be assigned to a team. One team will report to the office on a Monday/Wednesday/Friday schedule and the second team on a Tuesday/Thursday schedule. Your team assignment will attempt to space employees out evenly through the building for the greatest social distancing as well as allow adequate department coverage. Employees will continue to work from home on those days they do not report to the

office. The M/W/F and T/TH work schedules would alternate by teams on some rotating schedule, to be determined. During this phase, there will be a maximum number of employees assigned to be in the office each day.

- **PHASE III – REDUCED FULL OPENING WITH ONE DAY REMOTE WORK**

During Phase III employees will return to the office four days a week and continue to work from home one day per week. The day an employee will work from home will vary from week to week on a rotating schedule.

- **PHASE IV – FULL OPENING**

During this phase all employees will return to offices on a full-time basis. Some safe distancing and employee preventive measures will continue to be implemented.

PREVENTION AND PERSONAL PROTECTIVE EQUIPMENT

[Company Name] is providing the following protective equipment and supplies to prevent the spread of the virus in the workplace.

- Hand sanitizer
- Gloves
- Face masks
- Tissues/paper towels

In addition, trash receptacles will be emptied on a regular basis.

As a reminder of general hygiene, employees are reminded to:

- Wash hands often with soap and water for at least 20 seconds; using an alcohol-based hand sanitizer if soap and water are not available.
- Cover coughs and sneezes with a tissue or sleeve; do not use your hands.
- Do not touch your eyes, nose and mouth with unwashed hands.
- Do not shake hands.

CLEANING OF FACILITY

We have engaged cleaning services to thoroughly clean all workstations, equipment, machinery, company vehicles and common areas (kitchen, conference rooms and rest rooms) each day. Employees also have access to cleaning supplies located _____ and must further sanitize personal work areas at least once a day.

Employees should not use other workers' phones, desks, offices, or other work tools and equipment, when possible. If necessary, clean and disinfect them before and after use.

A deeper cleaning will take place on the following schedule:

[Company Name] has developed a staggered work schedule to limit the number of employees in the office/facility at any one time. The schedule is as follows:

VISITORS

Visitors will be allowed in the following areas:

-
-

Prior approval must be received by _____. All visitors will be asked to verify that they do not currently have any COVID-19 related symptoms and have not knowingly been in contact with someone with COVID-19 related symptoms during the past fourteen-day period.

Visitors will not be allowed in the following areas:

-
-

SCREENING OF SYMPTOMS

Screening protocols for employees working in the office may/will be implemented and utilized during various phases of the office reopening. The current screening process will be as follows:

Option 1

Prior to starting a shift/scheduled workday, each employee will self-certify to their supervisor that they:

- Have no signs of a fever or a measured temperature above 100.4 degrees or greater, a cough or trouble breathing within the past 24 hours.
- Have not had "close contact" with an individual diagnosed with COVID-19. "Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within 6 feet of a person who has tested positive for COVID-19 for about 10-30 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.'
- Have not been asked to self-isolate or quarantine by their doctor or a local public health official.
- Employees exhibiting symptoms or unable to self-certify will be directed to leave work and seek medical attention and applicable testing by their health care provider. They are

not to return to work until cleared by a medical professional and can only return with a doctor's note.

Option 2

Employees will have their temperature take by _____ at the start of each shift/scheduled workday. The employee will be required to leave work for further consultation with their healthcare provider for any temperatures in excess of 100.4 degrees.

If an employee is experiencing any [symptoms](#) of COVID-19, they are expected to notify their supervisor immediately. If an employee is observed to be displaying any signs or symptoms of COVID-19, they may be asked to leave the building to consult with a healthcare provider. The employee must be fever free for 72 hours before returning to work. The employee may use accrued paid time off or Emergency Sick Leave to receive compensation for this time, as available.

REPORT OF CLOSE CONTACT

If an employee has come in close contact with someone who has a suspected or confirmed case of COVID-19, they must notify their supervisor or human resources immediately. The employee will be required to self-quarantine for 14 days. Choose one of the following three sentences: 1) The company will compensate the employee for this 14-day period. 2) The employee may use accrued vacation time for this 14-day period. 3) The employee will not be paid for this period and may be eligible to apply for unemployment.

TESTING POSITIVE FOR COVID-19 (see sample letter)

If an employee or visitor tests positive for COVID-19, the Company must be notified immediately. Human Resources will notify any employees who have come in contact with that employee during the last 14-day period. All information will be handled confidentially. Affected employees will be asked to leave work and self-quarantine for 14 days as outlined above. All surfaces and work areas and equipment that the positive employee has been working in/with for the last 14 days will be closed off and sanitized.

SOCIAL DISTANCING

Social distancing will be the key to accomplishing a successful and efficient reopening of the [Company Name] offices. This plan is [Company Name]-specific and developed to address the unique needs and circumstances of our organization.

Select all statements that apply:

- In instances where it is possible, workers should maintain separation of 6 feet from each other per [CDC Guidelines](#).
- Large gathering places such as the conference room and break room will be closed until further notice. Employees are to eat lunches in their own vehicle or at their own workstation, away from others

- Employees are required to wear face coverings.
- The company has provided floor markings to designate appropriate social distancing in the following locations.
- The Company has redesigned the office layout to allow for adequate spacing among cubicles.
- The Company has implemented a staggered work schedule to reduce the number of employees in the office/facility at any one time.
- Employees may not use another employee's workstation or personal equipment to include phone, computer, tools, or work area.

Sample return to work safety plan for management use

To be completed with company-specific information

	Phase 1 Date phase begins:	Phase 2 Date phase begins:	Phase 3 Date phase begins:	Phase 4 Date phase begins:
<p>Employees who will return to work: List departments, titles or names of employees who will return during this phase. Some employees may continue on a remote basis while others may be required to report to the office/facility.</p>				
<p>Gathering size permitted: Consider recommended social distancing guidelines</p>				
<p>Physical distancing requirements: Review signage, operating procedures, and physical barriers that may be implemented</p>				
<p>Protective equipment required: May vary by position</p>				
<p>Hygiene and cleaning procedures: Do you have the cleaning resources available to enter this phase?</p>				

Special measures for vulnerable population				
Screening and testing processes				
Tracing and tracking of contacts				
Travel Restrictions				
Visitors: Will visitors be allowed to your company?				
Communication: How will you communicate with employees regarding return-to-work timeline and new procedures?				

Sample visitor screening process

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Sample Visitor Screening Process

The safety of our employees and visitors is of utmost importance to [Company Name]. All visitors to [insert company location] are asked to respond to the following questions so we may assess any possible health risk to our organization.

In the past 14 days, have you:

Had direct contact (within 6 feet or 2 meters for greater than 10-30 minutes) with any person who had influenza, a respiratory illness, or was sick with cough or fever?	Y N
Had direct contact with a person or persons quarantined or isolated because of influenza, coronavirus or respiratory illness?	Y N
Been inside any health care facility that is a treatment center for coronavirus?	Y N
Experienced or currently experiencing any symptoms of influenza or coronavirus such as cough, respiratory illness, shortness of breath or fever (above 38 C or 100.4 F)?	Y N

Optional

Visitors will have their temperature take by [insert name] at the start of each visit. Visitors will be required to leave the premises for any temperatures in excess of 100.4 degrees.

Please note that if a potential risk to the health of our employees is identified you may be refused access to, or requested to leave, [Company Name] premises. Personal data shall not be retained for any purpose.

Request for Emergency Paid Sick Leave or Expanded Family and Medical Leave
(Form revised April 15, 2020)

Employee Name:

Today's Date:

Dates of leave requested: _____ to _____

Check the type of leave being requested

Emergency Paid Sick Leave

- The employee is subject to a quarantine related to COVID-19. Please provide the name and phone number of the health care provider who has recommended the quarantine.

- The employee has been advised by a health care provider to self-quarantine because of COVID-19. Please provide the name and phone number of the health care provider who has recommended the self-quarantine.

- The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.

- The employee is caring for an individual who is subject to a quarantine. Please provide the name and relationship of the individual who is subject to a quarantine.

- The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.

- The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor. Please specify the condition: _____

Expanded Family and Medical Leave

- The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions.

Please list the name(s) and age(s) of the child(ren): _____

What is the relationship of the children to the employee? _____

What is the name and address of the place of school or childcare?

Please indicate why you are unable to work, including telework?

Compensation

Emergency Paid Sick Leave Act

Emergency Paid Sick Leave provides eligible employees with 10 days of paid sick leave as it relates to COVID-19. Full-time employees are eligible for up to 80 hours of paid sick time and for part-time employees the amount of leave will be based on the average number of hours the employee typically works over a two-week period.

Reasons for leave when related to the employee’s own health condition:

- The employee is subject to a quarantine related to COVID-19;
- Has been advised by a health care provider to self-quarantine because of COVID-19.
- The employee is experiencing symptoms of COVID-19

Compensation

- Paid sick time is at the employee’s regular rate and capped at \$511 per day per employee and \$5,110 in the aggregate per employee.

Other reasons for sick leave:

- The employee is caring for an individual who is subject to a quarantine
- to care for a son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions
- The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services;

Compensation

- 2/3 of the employee’s regular rate of pay, paid sick time is capped at \$200 per day per employee and \$2,000 in the aggregate per employee.

Emergency Family and Medical Leave Expansion Act:

Compensation:

Emergency Family and Medical Leave provides up to 12 weeks of leave to care for a son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID-19 precautions. The first two weeks are unpaid and the remaining 10 weeks are paid at two-thirds the employee’s regular rate of pay capped at \$200 per day and \$10,000 in the aggregate over a 12-week period when combined with the Emergency Paid Sick Leave.

Employees may utilize Emergency Paid Sick Leave to be paid up to 80 hours for the first two weeks of this leave. The paid leave benefit is 2/3 of an employee’s salary capped at \$200 per day per employee (up to a total of \$2,000 per employee for the duration of leave).

Please indicate your choice below:

- I want to use Emergency Paid Sick Leave for the first 10 days of leave.

- I do not want to use Emergency Paid Sick Leave for the first 10 days of leave and understand this period will be unpaid. I understand that I may use accrued vacation, personal, medical or other available sick leave.

Intermittent Leave

Are you requesting intermittent leave? Yes No

The granting of Intermittent leave will be handled on a case-by-case basis and is only available with the consent of the company for certain types of leave as detailed below.

1. Employee is permitted to **telework** and is requesting to take sick leave intermittently.
 - YES NO

2. Employee is currently **working onsite** and is allowed to take sick leave intermittently because he/she unable to work or telework due to caring for child(ren) because their school or childcare provider is closed or unavailable due to reasons related to COVID-19. This is the only EPSL reason eligible for intermittent leave if an employee is working onsite.
 - YES NO

If yes, please specify your requested intermittent schedule:

Day	Start	End	Day	Start	End
<i>Sunday</i>			<i>Thursday</i>		
<i>Monday</i>			<i>Friday</i>		
<i>Tuesday</i>			<i>Saturday</i>		
<i>Wednesday</i>					

I understand that I am responsible to continue my normal contributions to the cost of my health coverage during expanded family and medical leave and/or paid sick leave.

I understand that that all existing certification requirements under the FMLA remain in effect. If I take leave beyond the two weeks of emergency paid sick leave due to a medical condition which qualifies as a serious health condition under FMLA, I will be required to provide medical certifications to my employer. I also understand that my employer may require a doctor's note allowing me to return from leave.

I attest that there is no other person that is able to provide care for the child during the period for which I am receiving paid family medical leave.

I certify that all information in this request for FFCRA leave, including any supporting documentation is true and complete. I agree and acknowledge that falsified information, misrepresentations or omissions in this request or any other related materials may result in disciplinary action, up to and including termination of employment.

Employee Signature

Date

Employee Health and Safety Agreement

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By signing this agreement, I accept and agree to the following terms and conditions surrounding my employment with [Company Name].

Employee Responsibilities

I acknowledge that as an employee of [Company Name] I have certain rights and responsibilities pertaining to my health and safety and the health and safety of others in the workplace.

Customize bullets as applicable:

- I agree to submit to a daily temperature check by [Company-assigned personnel or third party] prior to the start of each workday.
- I understand that any temperature equal to or in excess of 100.4 will lead to an immediate request to leave the company premises for further medical evaluation by my own health care provider.
- I will follow all treatment recommendations of my health care provider, including self-quarantine as advised.
- If my health care provider conducts a test for COVID-19, I understand that it is my responsibility to immediately report any positive test results to my supervisor and I will willingly provide contact tracing information so the company may appropriately notify other employees, customers, or vendors as needed. I will also participate in any state-led contact tracing efforts.
- If I exhibit any COVID-19 related symptoms as listed by the CDC, listed below, I will notify my supervisor, stay home from work, and immediately contact my health care provider.
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
- If I notice an unsafe situation in the workplace, I will immediately report the information to my supervisor.
- I will adhere to Centers for Disease Control (CDC), Department of Public Health (DPH), and company-specific social distancing and workplace safety guidelines.
- I will wear protective supplies and/or Personal Protective Equipment (PPE) as required by state and local health orders and company policies.

- I will follow all company-approved practices for cleaning my own workstation and other assigned areas.
- In addition, I will adhere to CDC, DPH guidelines while outside of the workplace, because those behaviors can impact my co-workers and other individuals I may come into contact with in the workplace.
- I understand that if I have any questions or concerns about my own health and safety or the health and safety of others in the workplace, I can contact [insert name and contact information].

Employee Name

Date

Employer Health and Safety Agreement

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[Company Name] is committed to ensuring the health and safety of all employees, customers, and vendors. With that in mind, we have implemented the following policies and procedures in our workplace:

Customize bullets as applicable:

- All employees and visitors to our office/facility will submit to a daily temperature check by Company-assigned personnel or third party prior to the start of each workday.
- Individuals with a temperature equal to or in excess of 100.4 will be asked to immediately leave the company premises for further medical evaluation by their own health care provider.
- If the Company is informed of a positive COVID-19 test, the Company will fully implement and support all internal and state-initiated contact tracing efforts.
- The Company will notify all employees who may have been in contact with the infected individual while ensuring confidentiality and compliance with all HIPAA requirements.
- Employees exhibiting any COVID-19 related symptoms as listed by the CDC, see below, will be asked to stay home from work and immediately contact their health care provider.
 - Shortness of breath or difficulty breathing
 - Fever
 - Chills
 - Muscle pain
 - Sore throat
 - New loss of taste or smell
- The Company will actively monitor and comply with health and safety guidance as issued by the Centers for Disease Control (CDC), Department of Public Health (DPH), and federal, state and local health agencies related to social distancing and workplace safety guidelines.
- The Company will issue protective supplies and/or Personal Protective Equipment (PPE), where required by state and local health orders.
- The Company has engaged additional cleaning services and cleaning equipment for individual use to regularly sanitize all public areas and personal workstations.
- The Company has designated a COVID-19 work group comprised of the following [insert job titles or individual names].

- The Company encourages employees to contact [insert name and contact information] with any questions or concerns about health and safety policies and practices in our workplace.

[Company President/CEO]

Date

Sample Employee Contact Tracing Form

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Note: This form may need to be completed remotely or on behalf of an employee if the employee has left the premises due to self-quarantine.

The health and safety of our employees is always our top priority. As a result, [Company Name] supports the State's contact tracing initiative to prevent the overall spread of COVID-19.

Select an option

Option 1:

As part of this initiative, we are asking all employees to maintain an ongoing log of contacts within the workplace. Please record all known employees, customers or vendors you come into close contact with on a daily basis.

Option 2:

As part of this initiative, we are asking any employee who is experiencing COVID-19 symptoms, who has been exposed to COVID-19 through a close family member/contact, or who has tested positive for COVID-19 to record all known employees, customers or vendors you come into close contact with during the 14-day period prior to onset of symptoms or diagnosis.

- I tested positive for COVID-19 on: _____
- I began symptoms of COVID-19 on: _____

The CDC defines "close contact" as "a person that has been within six feet of the infected employee for a prolonged period of time" defined as 15 minutes.

Note: This [guidance](#) may change; employers are encouraged to visit the CDC website for up-to-date information.

Employee Name: _____ Date: _____

Work location: _____ Shift (if applicable): _____

Please provide personal contact information so we may reach out to you with any follow-up questions:

Phone number: _____ Email (personal): _____

Address: _____

Emergency Contact:

Name: _____

Phone number: _____

Address: _____

Please list all contacts based on the CDC definition above:

Individual's Name	Type/duration of Contact	Date of Contact

I understand that affected employees will be notified individually that they have been in contact with an individual who has COVID-19 symptoms or who has tested positive for COVID-19. [Company Name] will not, in any circumstances, share my personal identity. In addition, I understand that [Company Name] will not share this information with other organizations, except when applicable by law.

Employee Signature

Date