

MUSD Employee Self Isolation Form



Employee Name: _____
Email: _____
Work Site: _____
Position: _____
Supervisor Name: _____

The purpose of this form is to advise site and district administration of any intent to work from home due to the following:

I have returned from traveling to a country identified by the CDC as high risk for COVID-19. Yes _____ No _____

Country: _____
Date Entered Country: _____
Date Left Country: _____
Date Returned to US: _____

I have returned from traveling to a city which has higher confirmed cases of COVID-19. Yes _____ No _____

City: _____
Date Entered City: _____
Date Left City: _____
Date Returned to AZ: _____

I have been exposed to someone who tested positive for COVID-19. Yes _____ No _____

City/State/Country: _____
Date Exposed: _____

I have OR a member in my household has health conditions that may make me more vulnerable to the virus and would like the option to work from home or away from other co-workers. Yes _____ No _____

Proposed Work Schedule:

Employee Signature: _____

For Office Use Only:

Administrator Approval: _____ Date: _____

HR Approval: _____ Date: _____