



COVID-19 TRAINING ACKNOWLEDGEMENT FORM

I acknowledge that I have watched the *Hazards and Prevention of COVID-19 in the Workplace* video and have read and fully understand the *“Return to On-Site Work”* document as part of the University’s return-to-work and reporting procedures.

I understand and agree that I must follow all safety measures to lower and prevent the risk of spreading COVID-19.

Employee Full Name: _____ School/College/Dept: _____

Employee Signature: _____ Date: _____

Note: Please submit this form to your immediate supervisor.