



South Orange County Community College District
COVID- 19 Return to Work from
Quarantine/Isolation Authorization Request Form

Employee Name: Last _____ First _____ Middle _____

Job Title: _____

- Short-term/NBU Academic Administrator Classified Management Classified Staff POA
Faculty

Select Time Type: Full-Time Part-Time

Department/Division/Operating Unit: _____

Location: District Irvine Valley College Saddleback College ATEP

Instructions: This form is to be completed by the employee returning from quarantine/isolation and forwarded to Cindy Barron (cbarron@socccd.edu) at District Human Resources for approval.

Prior to ending your quarantine/isolation and resuming work on campus, the District requires confirmation that you meet the safety guidelines outlined by the Center for Disease Control and the Orange County Health Care Agency.
After your request is reviewed, you will be notified whether your return to work has been authorized or if further information and/or documentation is needed.
Most people do not require testing to decide when they can be around others; however, if your healthcare provider recommends testing, they will let you know when you can resume being around others based on your test results.

First Date of Quarantine / Isolation order: _____

Please check the following boxes to confirm that you meet the three (3) listed criteria and can safely return to work and be within the same vicinity of others:

- 10 days since symptoms first appeared and
24 hours with no fever without the use of fever-reducing medications and
Other symptoms of COVID-19 are improving*

All three (3) criteria are required before release from isolation or quarantine; if you have a positive COVID-19 test but have no symptoms, stay in isolation for 10 days from the date the test was taken.

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of quarantine/isolation.

Please indicate the severity of your symptoms (CDC Symptoms of Coronavirus):

- Mild
Severe**

** If you are under the care of a health care provider for severe COVID-19 related symptoms, you may be required to submit a medical release prior to returning to work.

By e-mailing this form to Cindy Barron at District Human Resources, I am electronically certifying that the above information is true, accurate and complete to the best of my knowledge.