



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

Employee Name: Last _____ First _____ Middle _____

Job Title: _____

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

Department/Division/Operating Unit: _____

Location: District Irvine Valley College Saddleback College ATEP

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

Prior to ending your isolation and resuming work the District requires confirmation that you meet the safety guidelines outlined by the California Department of Public Health and the Center for Disease Control and Prevention.
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.

Date symptoms started or testing positive (whichever came first): _____

Please check the following boxes to confirm that you meet the requirements to safely return to work and be within the same vicinity of others:

- 5 days have passed since symptom onset or testing positive (whichever came first); AND
At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
Feeling well with no symptoms, or symptoms are mild or improving

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.

Please note: you must wear a well fitted facial mask for 10 days after the onset of symptoms or testing positive. You may remove your mask sooner than 10 days by submitting to two sequential negative COVID-19 antigen tests, one day apart. Submit a photo of your two negative tests with a time and date stamp to cbarron@socccd.edu and you will be approved to remove your mask sooner than the 10-day requirement. You only need to submit proof of negative tests if you would like to request to remove your mask sooner than 10 days. Otherwise, you may discontinue wearing a mask after 10 days have passed.

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.