

Appendix B

CAPTRUST COVID-19 - EMPLOYEE ACKNOWLEDGMENT

For the safety and protection of you, our colleagues, and our clients, it is imperative that you understand, agree, and fully comply with all safety requirements.

If you do not agree or understand any statement, please do not complete this form and contact your supervisor immediately.

1. I acknowledge and take responsibility for the critical role I play to ensure a safe and healthy workplace.
2. I acknowledge that I have been informed by CAPTRUST on the appropriate cleaning, disinfection, hand hygiene, and respiratory etiquette.
3. I understand that I must comply with all CAPTRUST safety policies and procedures (including, but not limited to, daily checking my temperature before arriving, proper social distancing, and use of face coverings where necessary), which are subject to change based on new and evolving information
4. I acknowledge and understand that I am prohibited from coming to work if I have **ANY** of the following new or worsening symptoms:

- Sore throat
- Cough
- Feeling feverish or temperature of 100.4 degrees Fahrenheit or higher
- Shortness of breath
- Difficulty breathing
- Chills or repeated shaking with chills
- Loss of taste or smell
- Known close contact with a person who is lab confirmed to have COVID-19
- Headache, muscle pain, diarrhea
- Any additional symptoms of COVID-19 which can be found:
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

5. I agree that I will notify my supervisor if I have had any symptoms listed above in item #4 and have been in the workplace during the last 14 days.
6. I will immediately notify my supervisor if I become aware of any violations of CAPTRUST's safety policies and procedures.
7. I acknowledge and understand that it is my responsibility to stay informed and take actions based on common sense and wise judgment.
8. I have been provided the opportunity to ask questions prior to signing this acknowledgment.

By signing below, I am acknowledging that I have carefully read and reviewed all statements contained in this acknowledgment and I understand the statements and my obligations contained in this acknowledgement.

Name: _____ **Signature:** _____

Date: _____