

Return to campus status activation date:

SUPERVISOR REQUEST FOR CATEGORY 1 OR 2 EMPLOYEE

SUPERVISORS

Please fill out the form below for each employee requested to return to on-campus work status as a Category 1 or 2 employee under Arkansas State University's current Return to Work plans. When completed, forward this form to your supervisor, who in turn will report your request to the appropriate vice chancellor. Your division's vice chancellor will submit the request to Human Resources and the EOC.

	Date requested for re	turn:
Department Name & Location:		
Explanation for employee(s) return and employee names (include	e ID number):	
Tasks employee(s) to perform:		
Projects required to work on:		
Requesting supervisor name:	Email:	
Phone:	Signature:	
Request submitted to:	Date:	
If approved, Category 1 or 2 employees are	e allowed to resume on-campus activity after con	ipletion of
	r guidelines, Category 1 or 2 employees resume r date of their return to campus status.	eporting of
	-	
AF	PPROVALS	
	n.	
Department/Office Supervisor Approval by:	Date:	
College/Division Supervisor Approval by:	Date:	
Vice Chancellor Approval by:	Date:	
Once approvals are complete, this form is submitted to Hu	ıman Resources. HR will evaluate and forward the	request to the EOC.
Date Submitted to EOC:	Approved by EOC	Declined by EOC