**Return to Research at KSU:**

**Terms and Conditions - Research Group Leaders (RGLs)**

**NOTE: Only faculty/RGLs interested in resuming research/creative activities need to complete this form. The word “research” as used herein also includes creative activities.**

As a member of the KSU community, your safety and wellness are our primary concern during the COVID-19 pandemic. We likewise understand that you may not be able to carry out your research remotely and therefore need to be on campus in research labs and studios or need to conduct research off-campus but not virtually. In order to properly gauge institutional risk and better manage a safe return to research and creative activities, it is incumbent upon the University to obtain the following information about you in association with your decision to return to research activities.

**Please initial as appropriate each of the following considerations:**

**1. Acknowledgement of University Return to Research Guidelines:**

\_ \_\_\_ I have read and understand the current University Return to Research Guidelines.

\_\_\_ \_ I am voluntarily choosing to return to perform research on campus or at an off-campus research site at this time.

**2. Need to return to campus or off-campus research site (select all that apply):**

\_\_\_\_\_ I need to be on campus to carry out and complete my research.

\_\_\_\_\_ I need to conduct research/creative activities at an off-campus location.

**3. Requirements:**

**Please initial where indicated.**

KSU is permitting employees to return to perform research under controlled conditions. By returning to perform research at this point in time, you are attesting that the information you have provided above is accurate and truthful as of this date. You further acknowledge the requirements of the University Return to Research Guidelines and your specific Research Operation Plan are in place and you hereby agree to comply with the requirements of the Guidelines/Plan, as stated below **or as modified by further written communication(s)**.

\_\_\_\_\_ (Initials)

I understand I am obligated to adhere to the **Flashes Safe Seven** principles

\_\_\_\_\_ (Initials)

I understand that, at any time, if I have been in close contact with someone with confirmed or presumptive COVID-19 or if I experience any symptoms consistent with COVID-19, I will:

1. STAY HOME – even if I think the symptoms may stem from another illness/disease (e.g., shortness of breath due to asthma or allergies). It is best to be conservative and stay home.
2. Call the COVID-19 Response Team at the DeWeese Health Center at 330-672-2525 to determine whether I meet criteria for probable (presumptive) COVID-19 and follow their recommendations.
3. Call my supervisor/chair/dean or whoever oversees my lab/studio space. Inform them that I am sick, and I am staying home.
4. Return to work if, and only if, the COVID response team approves my return to work. Inform my supervisor of this approval.

\_\_\_\_\_ (Initials)

I understand that, if I am determined to have probable/presumptive COVID-19, I will:

1. Inform my supervisor/chair/dean and the Vice President of Research (Paul DiCorleto: dcorlp@kent.edu). This can be done in one email. The COVID response team will also be contacting supervisors.
2. Work with the public health office and the COVID response team to facilitate contact tracing efforts.

\_\_\_\_\_ (Initials)

I confirm that I have provided a **Research Operation Plan** for minimizing impacts of COVID-19 to all members of my laboratory or research group, and I will ensure that my laboratory or research group will comply with this plan and any other safety procedures that are implemented in other facilities that must be accessed for the research.

\_\_\_\_\_ (Initials)

I further understand that as a **PI/supervisor**, I am responsible for the following additional workplace requirements:

* Ensuring that researchers, staff and trainees are present **only when necessary;**
* **Implementing a sign-in/sign-out and scheduling calendar for all researchers, staff, trainees, and maintenance personnel** that limits the number of individuals working at any given time;
* Ensuring that all researchers, staff, trainees, and visitors abide by the **Flashes Safe Seven** principles at all times in all research spaces;
* Ensuring that all members of my laboratory or research group (post docs, GAs, RAs, staff, trainees etc.) approved to return to campus have completed the **Terms and Conditions – Post Docs, Graduate Assistants, Research Assistants, Staff, and Trainees form** and that I have collected and stored these forms; and
* Implementing formal **in-lab sanitation rules** which includes thorough disinfectant cleaning of all lab space **before and after** each use.

\_\_\_\_\_ (Initials)

I understand that, should I fail to adhere to the workplace requirements in place at this time, **I may be required to leave campus, have my access blocked to research spaces, and have additional disciplinary actions imposed** in accordance with university policies and procedures.

\_\_\_\_\_ (Initials)

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_