**Return to Research at KSU:**

**Terms and Conditions - Post Docs, Graduate Assistants,**

**Research Assistants, Staff, and Trainees**

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. Note that the word “research” as used herein also includes creative activities.

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

**1. Acknowledgment 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/creative activities 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 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](mailto: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 my supervisor has provided me with a **Research Operation Plan** established for my laboratory, studio, or research group for minimizing impacts of COVID-19, and I have read and understand the Plan. I will comply with the Plan and any other safety procedures that are implemented in other facilities that I must access for my research.

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

I understand I am obligated to **comply with the following workplace requirements** currently in place to maximize workplace safety and minimize potential risk of exposure:

* I will be present in the lab **only when necessary;**
* I will abide by the **Flashes Safe Seven** principles at all times
* I will **disinfect** my personal workspace (i.e., desk, workstation, lab counter) at the beginning and end of each session of research; and

\_\_\_\_\_ (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_