**COVID-19 Office Operating Plan**

**Office Name:** **Prepared by:**

**Building Location:**

**Total number of employees in your office:**

**Questions to determine office readiness:**

1. Can employees effectively social distance (at least 6 feet apart) in the workspace?
2. Has it been communicated or materials provided so employees understand COVID-19 (how it spreads, signs/symptoms, risk factors, how to mitigate spread)?
3. Is workspace equipped with sanitizing products (sanitizer, wipes, spray)?
4. Are masks and gloves available?

**How do you plan to return to full staff? (i.e., rotating days, staggered shifts, return employees who are unable telecommute)**

**Identify measures you have implemented or will implement for the safety of employees and visitors in your office. If not implemented, provide a date you plan to have it in place. (Ex: control of visitors and traffic, signage, sanitizing, screening questions for visitors)**

**Assess the needs of your department for resources and supplies in order to safely return and how you will procure the needed supplies:**

**Will your office plan require any adjustments or modifications for fall? If yes, describe.**

**Student Workers**

**Do you employee student workers:**

If yes, complete the following information.

**Total number of student workers:**

1. How will you educate student workers on the guidelines for safe operating procedures?
2. Are you reliant on student workers for the daily operations of your office?
3. Do student workers have a designated workspace?
4. Can student workers perform their job function while practicing social distancing?
5. If you have multiple student workers, can they work in shifts or rotate days to minimize the number of people in your office?
   1. If no, explain your plan.

Approved by:

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising President’s Cabinet Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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