

## Employee Acknowledgment of COVID-19 Protective Measures in the Workplace

**NOTE TO EMPLOYER:** This sample acknowledgment is intended as written documentation of employee receipt of your policies and protocols regarding the mitigation efforts you have implemented to comply with public health orders and to reduce the risk of exposure to COVID-19 in the workplace.

Employers should refer to their respective state, county, or local jurisdiction public health orders for any specific employer requirements and modify this sample accordingly.

### Sample Acknowledgment

I have been provided XYZ Company's policies, requirements, and guidelines for hygiene, cleaning, return-to-work protocols, and protective measures intended to mitigate the risk of exposure to COVID-19 in the workplace, including the following: **[MODIFY, AS APPROPRIATE]**

- Social distancing of at least 6 feet, whenever possible;
- Wearing required protective face coverings, masks, shields, eyewear, and gloves when social distancing is not possible;
- Etiquette for covering coughs and sneezes;
- Hand-washing frequency;
- Disinfecting and sanitizing surfaces, machinery, tools and equipment;
- Cleaning common areas, such as break rooms, restrooms, and lobbies;
- Interacting with customers, visitors, and other non-employees; and
- Return-to-work requirements for any employee who has received a diagnosis or is experiencing symptoms of COVID-19, or who has had direct contact with anyone diagnosed with or experiencing symptoms of COVID-19.

I agree to abide by XYZ Company's policies, requirements, and guidelines at all times. I recognize these measures are intended to protect me and others from the risk of exposure to COVID-19 in the workplace, as well as anyone I may come into contact with. I understand that I am responsible for notifying the Company in the event I experience symptoms or received a positive diagnosis, have had direct contact with someone else experiencing symptoms/received a positive diagnosis, and agree to provide accurate and honest information.

If I have any questions or concerns regarding XYZ Company's protective measures or my ability to safely return to work, I will ask my supervisor, the Safety Director or Human Resources.

Employee Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

This sample document is only an example and is based on the laws in effect at the time it was written. MRA-The Management Association, Inc. does not make any representations or warranties regarding the appropriateness or prudence of using this information for any particular individual or situation. Your company should add, delete, or modify the content of this document as needed to suit your purposes. This material is for your information only and should not be construed as legal advice. In some circumstances it may be advisable to have legal counsel review final documents prior to implementation.

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