OVERVIEW

The following guidance should be used to make decisions about when to return to work for persons who:

- tested positive for COVID-19 (with or without symptoms);
- have suspected COVID-19 (e.g., developed symptoms of the virus) but did not get tested for COVID-19; or
- have been exposed to a person with COVID-19.

Before returning to work, a **Staff COVID-19 Return to Work Form** must be approved in advance by Health Services and the Benefits Department.

REQUIREMENTS

**STAFF WITH A CONFIRMED COVID-19 DIAGNOSIS MAY NOT RETURN TO WORK UNTIL:**

- At least 24 hours have passed without a fever or signs of a fever, and
- At least 24 hours have passed since improvement of other symptoms (cough, sore throat, headache, etc.), and
- At least 10 days have passed since symptoms first appeared, or
- Staff member has a statement from a medical professional that clears them to return to work based on an alternative diagnosis.

Staff with symptoms of COVID-19 who have not been tested or evaluated by a medical professional are assumed to have COVID-19.

**STAFF WITH SYMPTOMS OF COVID-19 MAY NOT RETURN TO WORK UNTIL:**

- The same criteria listed above have been met, or
- Staff member has a statement from a medical professional that clears them to return to work based on an alternative diagnosis.

**STAFF EXPOSED TO PERSONS KNOWN TO HAVE COVID-19 MAY NOT RETURN TO WORK UNTIL:**

- The end of the 14-day self-quarantine period from the last date of exposure.

Return to work guidance cannot anticipate every unique situation.

PROCESS

If an employee has been under quarantine or isolation due to COVID-19, these steps must be completed prior to returning to the work site.

**STEP 1: EMPLOYEE**

1. Access the **Staff COVID-19 Return to Work Form**.
2. Complete the **Employee Information**.
3. Based on the requirements, enter the Requested Return to Work Date and choose the appropriate reason for the absence (more than one reason may be selected):
   a. Isolation due to COVID-19 positive diagnosis
   b. Isolation due to COVID-19 symptoms
   c. Quarantine due to District directive
   d. Quarantine due to close contact
   e. Quarantine due to travel
4. Answer the following questions:
   a. Were you diagnosed with COVID-19 and required to stay home in isolation?
   b. Were you required to stay home in quarantine due to close contact with an individual who is positive for COVID-19?
5. Select one of the following:
   a. A negative COVID-19 test
   b. Document from a certified health official
   c. Not applicable (N/A)
6. Submit documentation to COVID19@dallasisd.org within eight (8) hours of submitting the form.
   a. Include name and ID in the email.
7. Read the Certification and Statement of Understanding.
8. Sign and date the form.
9. Submit the form.

STEP 2: HEALTH SERVICES

1. Verify information, review documentation, and discuss the request with the employee if needed.
2. Review Contact Tracing form to determine an Approved Return to Work Date.
3. Indicate approval or denial by checking the appropriate box.
4. For approvals, enter an Approved Return to Work Date.
5. Sign and date the form.

STEP 3: NOTIFICATION

1. Notify the employee and supervisor of the decision.
   - Denial
   - Approval with an Approved Return to Work Date.
     - Supervisor may contact Health Services for additional information.
2. Notify the Benefits Department of approval with an Approved Return to Work Date.

STEP 4: BENEFITS DEPARTMENT

1. Update the employee’s leave status in Oracle.
2. Sign and date the form.
## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>COVID-19 Reporting, Contact Tracing, and Return to Work</th>
<th>Employee Benefits and Leaves</th>
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<tr>
<td>(972) 925-4211</td>
<td>(972) 925-4300</td>
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