COVID-19 Supervisor’s Reporting Form

**Once completed, email to the address below.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1. Employee’s Name | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Phone # | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | |  |
| Date of Employee Notification | | | | | | | | | | | Click or tap to enter a date. | | | | | | | | | | | Via: | |  | Email | | |  | | | | | | Phone | | |  | | Text | | | |
| Nature of Notification | | | | | | |  | | Tested Positive | | | | |  | Exposed to Someone Who Tested Positive | | | | | | | | | | | | | | | | | | | |  | Having Symptoms | | | | | | |
|  |  | | Other | Click or tap here to enter text. | | | | | | | | | | | | | | | | | Date of Exposure | | | | | Click or tap to enter a date. | | | | | | | | | | | | | | | |  |
| Place of Exposure | | | | | | |  | | Job Site | | | | |  | Home/Offsite | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the employee been fully vaccinated? | | | | | | | | | | | | | |  | Yes | | | | **(If yes, attach a copy of COVID-19 vaccination card.)** | | | | | | | | | | | | | | | | | | |  | | | No |  |
| **Date(s) of Vaccination** | | | | | Click or tap to enter a date. | | | | | | | | | | |  | | Click or tap to enter a date. | | | | | | | | | | | |  | | | Click or tap to enter a date. | | | | | | | | |  |
| Employee’s Signature | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | Date | | | | Click or tap to enter a date. | | | | | | | | | | |  |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | |  |
| ***Per my signature, I declare that the information I am providing is true. If I knowingly make a false statement, I can be held liable and possibly face disciplinary actions.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor’s Record of Employee’s Response(s) to the Following:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please identify the person(s) (names) with whom you were in contact, within 6 feet for at least 15 minutes or greater in one | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| day: | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | **\*The District COVID-19 Coordinator may follow-up with additional tracing questions.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| ***The Families First Coronavirus Response Act (FFCRA) expired on December 31, 2020, and the GPSD Emergency Paid Sick Leave has been extended until March 31, 2022. Please be aware that time off may be pulled from your personal accrued leave time.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Additional Procedures – REQUIRED FOR SAFETY REASONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Contact the Maintenance Department regarding cleaning/disinfecting needs. Indicate the date and time. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Maintenance was contacted. | | | | | | | | | | Date | | | Click or tap to enter a date. | | | | | | | | | | Time | | | | | | Click or tap here to enter text. | | | | | | | | | | | | |  |
| With whom did you speak? | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Indicate the area(s) in need of cleansing/disinfecting | | | | | | | | | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |  |
|  | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Does the area(s) need to be closed off? | | | | | | | | | | | | |  | | | Yes **(If areas need closing off, please post signage)** | | | | | | | | | | | | | | | | | | | |  | | | No | |  |
| ***If the entire building needs closing, please notify the Superintendent or the Superintendent’s Designee.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Person Completing this Document: | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | Date | | | | | | Click or tap to enter a date. | | | | | | | | | |  |
| **\*\*This form should be completed in its entirety as soon as possible to ensure the safety of your staff.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

**Please complete and email this form to: covid@gpsdk12.com**