WAYNE STATE
Human Resources

hr.wayne.edu/coronavirus

Plan Signatures and Team Roster

Create a list of your staff and indicate whether they will be returning to work on campus or continuing to work remotely. Provide a copy to your supervisor and update as changes occur.

Use the fillable form below as a template for your team roster.

Building location

Last Name	First Name	Access ID	Date of Return	Remote Schedule	Campus Work Location	IT Needs for Remote Staff	Onsite Schedule	Contact Information
ON-CAMPUS TEAM								
Example L Name	F Name	ab1234	8/6/21	N/A	Bldg.: AAB Suite # Office #	N/A	2-5 pm Mon- Fri	313-577-1111 name@wayne.edu

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Last Name	First Name	Access ID	Date of Return	Remote Schedule	Campus Work Location	IT Needs for Remote Staff	Onsite Schedule	Contact Information
REMOTE TEAM								
Example L Name	F Name	ab1234		T Th 8:30 am – 5:00 pm	N/A	Webcam	N/A	

In an effort to identify all on-campus operations, please provide a copy of your employee roster to your Dean/VP and your Human Resources Consultant so that we may identify all locations that contain faculty and staff. Please contact Human Resources if we may assist you in any way.

Thank you!

Prepared by (Name/Title) Date

Approved by (Name/Title) Date