TEXAS TECH UNIVERSITY

Department Return to Campus Approval Form

Instructions

As we move through the operational phases designed to re-open campus, it is important we continue to keep all Texas Tech University faculty, staff, students, and visitors safe.

The purpose of this form is to assist the University in preparing your department, college, or research area for your return by ensuring buildings are unlocked, air conditioning units are turned on, and custodial services are available. The main difference between this form and the Designated Essential Employee Approval Form is that this form allows you to request a return to campus for multiple employees within a single area.

Prior to returning to on-campus workspaces, faculty and staff will be provided with specific information regarding the required health and safety measures including use of PPE and self-assessment health screens. If at any time a faculty or staff member becomes ill or diagnosed with COVID-19, please contact Human Resources by emailing hr.talent.management@ttu.edu. Human Resources will assist with the coordination of the faculty or staff member's leave and also work with the Operations Division to ensure the workplace is properly disinfected and cleaned.

Until the University has returned to normal operations under Phase I of the Emergency Remote Work Operational Plan, vulnerable individuals, as defined by current federal guidelines, may request accommodation from supervisors when their presence on campus is required. These decisions should be made on a case-by-case basis; employees and supervisors are encouraged to work with Human Resources if they would like assistance with this process.

On-Campus Work Duration

Is this request ☐ Temporary or ☐ Permanent

If the faculty and staff included in this request will temporarily be returning to campus to work for a defined period of time, please provide both a begin date and end date below. However, if the faculty and staff included in this request will permanently be returning to campus to work, please list a begin date only.

Request Begin Date:_____ Request End Date: _____

Contact Information

Contact Name:_____ Email: _____

Deptartment/College:_____ Date: _____

Department Information

Department: _____ Department ID: _____

Campus Building(s):_____ Building Floor(s): _____

Building Requirements

Will you need the campus building to be unlocked? ☐ Yes ☐ No If yes, what buildings/floors/rooms

_____

_____

Will you need the department A/C to be turned on? ☐ Yes ☐ No If yes, what buildings/floors/rooms

_____

_____

PPE Protocol

What has the department done regarding PPE protocol?

_____

_____

Faculty and Staff Information

What days/hours per week will faculty and staff be on campus?

Hours/Shift:	From		To		Comments:
☐ Monday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Tuesday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Wednesday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Thursday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Friday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Saturday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		
☐ Sunday	____ ☐ AM ☐ PM		____ ☐ AM ☐ PM		

Faculty/Staff Name	Faculty/Staff R#	Faculty/Staff Title

Department Return to Campus Approval

Dean/AVP Approval:_____ Date: _____

On-Campus Essential Faculty and Staff Designation

☐ Request Approved   ☐ Request Declined

Date:

President, Chief of Staff, Provost, VPR or CFO Signature: _____ _____