

## SELF-CERTIFICATION FORM FOR SAFELY RETURNING TO ONSITE WORK

I, \_\_\_\_\_, certify that I have previously notified my supervisor  
(PRINT EMPLOYEE NAME)  
that I cannot work onsite due to symptoms of or exposure to COVID-19.

By signing and dating this form, I certify the following statement is true:

- ┆ I am no longer experiencing symptoms associated with COVID-19 or similar in nature
- OR
- ┆ I have completed my period of self-isolation/quarantine or have been symptom-free for 10 days since symptoms first appeared and 24 hours with no fever without the use of fever-reducing medications and COVID –19 symptoms have improved (for example, cough, shortness of breath).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You may type in your "signature". You must send the completed form to your supervisor from your kctcs.edu email account.*

**Falsely signing the Self-Certification Form for Safely Returning to Onsite Work will result in disciplinary actions in accordance with KCTCS policies and procedures.**