

Access to Campus Application

To ensure the safety of all employees, Acadia will determine which faculty and staff are to return to campus at each stage. For each person required to return, the supervisor will complete this application form.

Name of Employee: (TYPE NAME) Date:

Department: (TYPE NAME)

Building: (TYPE NAME) Office / Room / Lab Number (etc.):

Supervisor

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| --- | --- | --- |
| Name | Email | Phone |

Does the current work location allow physical distancing to be maintained?

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Briefly describe the workstation as it relates to physical distancing (2-metre separation from others).

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If the workspace does not currently enable 2-metre physical distancing, what would have to change?

What schedule will the employee follow when they will be in their office?

Please explain why the work cannot be performed remotely.

**File naming protocol:** Applicant last name\_Supervisor last name\_ Campus Access\_submission date

(e.g. Jones\_Smith\_Campus Access\_June10)

Forward completed form to Occupational Health and Safety Coordinator, Greg Deveau

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| **For Administration Only** |
| Hazard assessment performed: |
| Approval Date: |