

*Return to Work
Employee Readiness Questionnaire*

To Our Valued Team Members,

As we continue to anticipate the re-opening of our on-site business operations, we would like to adequately understand how you feel about returning to the workplace. Please take some time to answer the following questions honestly. The information provided will be used for planning purposes and is intended to give additional insight into areas of concern that may prohibit full participation from our employees. Please complete the entire survey.

Name:	Position:
-------	-----------

1. I am able to return to my work site when the company deems it is safe to do so.

Yes

No

If you answered **NO** to question #1 above, please respond to a) – c) below.

a) Provide additional information on why you are not able to return to the work site at this time:

- Health and safety concerns (personal or family)
- Caregiving responsibilities
- Transportation challenges or concerns
- Other (Describe): _____

b) Are there scheduling adjustments that can be made to accommodate a quicker return to the work site? Describe below:

c) Are there specific accommodations that would allow you to return to work sooner?

2. If we re-open in phases, would you like to be prioritized to return to working on-site within the initial phases?

Yes

No

3. What do you want to know about how the company is responding to COVID-19?
