

COVID-19 Statement of College Employee Return Intentions

Employee Name: _____

Employee Contact Number (phone): _____

Date: _____

Supervisor: _____

Please be advised that I intend to return to the office as directed.

Please be advised that I will not be able to return to the office as directed due to:

A COVID-19 qualified reason, covered under the Families First Coronavirus Response Act (FFCRA).

I will contact the Office of Human Resources at 518-381-1218, or via email at humanresources@sunysccc.edu to make this request.

A reason related to COVID-19, not included in the list above.

Describe: _____

I request that consideration be given to an alternative that will allow me to continue working from an alternate location.

I am requesting consideration be given to an unpaid leave of absence.