

**NICHOLE M. BRANDON**  
Director

## City of Columbus COVID-19 Return to Work Approval Summary

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Section: \_\_\_\_\_

Date:

- COVID-19 Hazard Mitigation Assessment Form has been reviewed and approved by the Citywide Occupational Safety and Health Program.

Date: [Click here to enter a date.](#)

- Appropriate safety supplies (30 day supply) have been identified.

Date: [Click here to enter a date.](#)

- Personnel needed to support this return to work has been identified and notification has been made.

Date: [Click here to enter a date.](#)

- Labor Relations has reviewed and approved the Return to Work Plan.

Date: [Click here to enter a date.](#)

Date Union Notified: [Click here to enter a date.](#)

Effective Date of RTW: [Click here to enter a date.](#)

Copy to Department Representative:

HR Director Approval: \_\_\_\_\_  
(signature line)

Department Director Approval: \_\_\_\_\_  
(signature line)

