

SCC Access to Campus Procedure

The District will provide controlled access to faculty offices, classrooms, instructional labs, and workstations to allow employees **essential** work-related access, when approved. Employees coming on campus shall request access in advance, with a minimum notice of two business days, and are subject to approval by the appropriate administrator, in order to ensure social distancing and facilities sanitation in compliance with CDC guidelines. Employees shall maintain social distancing and must wear a face covering at all times when on campus.

Steps 1 through 3 are to be followed by the employee requesting access to the campus:

Step 1: To request access to the campus, employees must complete the “Request to Access Campus” form available on the HR website under forms, COVID-19 forms.

Step 2: Complete the form with all requested information.

Step 3: Click the “SUBMIT TO HR” button under the Employee Signature line. The form will be sent to HR who will forward to the appropriate VP.

Step 4: HR will notify the employee by district email within one business day if the request to come campus has been approved.

*This form will allow the employee permission to come to the campus. This permission is for the **employee only**; no family members, friends or students may accompany the employee. The campus is current prohibiting access to all members of the public.*

Before access is granted the employee must:

- 1. Acknowledge that they have met the aforementioned criteria.*
- 2. Complete both required Keenan safety training videos: “**Coronavirus Awareness**” and “**Coronavirus: Cleaning and Disinfecting Your workplace**”. If you have not completed and/or need to be set up for these training videos, please contact Human Resources at HR@solano.edu.*
- 3. Complete a new form every time an employee wishes to access the campus.*



Request to Access Campus Form (Effective 08/04/2020)

*****NOTE:** Any employee accessing the campus may be subject to a temperature check before entering any buildings.

In the 14 days prior to accessing the campus I have not experienced AND I have not been in close proximity to anyone experiencing the following symptoms: Fevers or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting or diarrhea.

☐ Yes

☐ No

Employee Name:		Today's Date:	
Date Accessing Campus:			
Arrival Time:		Departure Time:	
Building(s) Accessed:			
Room(s) Accessed:			
Reason for access to campus:			

Employee Signature: _____

☐ Approved

☐ Denied; Reason: _____

Vice President Signature: _____

Date: _____