



Human Resource Development Office  
**RETURN TO WORK FORM**  
**(QUARANTINE)**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Quarantine Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leave (please check appropriate box):

<input type="checkbox"/>	I am a COVID-19 positive;
<input type="checkbox"/>	My residence is under lock-down;
<input type="checkbox"/>	I am a primary contact of a COVID-19 positive;
<input type="checkbox"/>	I am a secondary contact of a COVID-19 positive;
<input type="checkbox"/>	Others (please specify) _____ _____ _____

Validated by:

\_\_\_\_\_  
 Medical Clinic Personnel

Endorsed by:

\_\_\_\_\_  
 Chairperson, Incident Management Team (IMT)

Approved by:

\_\_\_\_\_  
 University President



Human Resource Development Office  
**RETURN TO WORK FORM**  
**(QUARANTINE)**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

Quarantine Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leave (please check appropriate box):

<input type="checkbox"/>	I am a COVID-19 positive;
<input type="checkbox"/>	My residence is under lock-down;
<input type="checkbox"/>	I am a primary contact of a COVID-19 positive;
<input type="checkbox"/>	I am a secondary contact of a COVID-19 positive;
<input type="checkbox"/>	Others (please specify) _____ _____ _____

Validated by:

\_\_\_\_\_  
 Medical Clinic Personnel

Endorsed by:

\_\_\_\_\_  
 Chairperson, Incident Management Team (IMT)

Approved by:

\_\_\_\_\_  
 University President