

**(Covid-19) Returning to Work on Campus**

**Manager Checklist**

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| **SECTION A: GENERAL INFORMATION** |
| **Name:**   | Click or tap here to enter text. |
| **Staff Number:**  | Click or tap here to enter text. |
| **Job Title:**  | Click or tap here to enter text. |
| **Line Manager:**   | Click or tap here to enter text. |
| **Location of Work (eg. Faculty/Directorate):**  | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date.  |

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|  | **YES** | **NO** |
| **Does the employee require a change to their current working hours?** |  |  |
| **Has the employee’s work location changed since Covid-19?** |  |  |
| **Is the employee able to work effectively from home / remotely?** |  |  |
| **Are there any duties which must be carried out on campus?** |  |  |
| **Are there any identified Challenges/Restrictions on travel should the employee be required to work on site?** |  |  |
| **Has a Health and Safety Risk Assessment for home / remote working been carried out for the employee?** |  |  |
| **Is the employee considered to be Extremely Clinically Vulnerable (as per government advice)?** |  |  |
| The government define **Clinically Vulnerable** individuals as: those aged over 70; those with a disability and/or long term condition; those who are pregnant. **Is the employee considered to be Clinically Vulnerable (as per government advice)?** |  |  |
| **Does the employee require any reasonable adjustments either at home or onsite?**  |  |  |
| **Does the employee share a household with anyone considered to be Extremely Clinically Vulnerable or Clinically Vulnerable?** |  |  |
| Dependants are defined as the spouse, partner, child or parent of a member of staff. It could also be someone who lives in the household with the member of staff and is dependant on them, for example, an elderly aunt or grandparent who lives in the household.**Does the employee have any dependants?** |  |  |
| **Are there any particular challenges/restrictions in regards to Dependants which may affect the employee’s physical return to work on campus?** |  |  |
| **Does the employee require any specific support for their current physical and mental health and wellbeing?** |  |  |

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**Management Checklist – Guidelines**

This form should be completed as part of a discussion with members of staff to ensure information is captured accurately to inform what, if any, changes to working arrangements may need to be made.

**Line managers should ensure that the appropriate Health and Safety Risk Assessments (Work / Home) have been completed.**

Please note any identified challenges/ restrictions and note agreed solutions, following discussion with the employee.

Line managers should agree date to review any agreed arrangements.

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| **SECTION C: IDENTIFIED CHALLENGES AND AGREED SOLUTIONS** |
| **Identified Challenge’s / Restrictions:**Click or tap here to enter text. |
| **Agreed Solutions:**Click or tap here to enter text. |
| **Any other matters raised:**Click or tap here to enter text. |
| **Agreed Review Date:** | Click or tap to enter a date.  |

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| **GDPR**  |
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