Dear Indiana University Employee,

Enclosed is the Community Responsibility Acknowledgement (CRA) form. This form provides guidance related to keeping the university community healthy and safe during the COVID-19 crisis. The form is also available online at One.iu.edu (search for “CRA”). All Employees are expected to review and acknowledge this important information provided on this form, prior to returning to work on campus, where possible. Because the form contains sensitive information, please do NOT return it to your supervisor or departmental HR contact and instead, respond by using one of the options below.

Option 1. Complete the online form. An email confirmation will be sent to your IU email address noting your response.

Option 2. Complete the enclosed paper form and mail it to the appropriate HR office noted below. Once received, a confirmation notice will be mailed to your home address noting your response. If you have requested an accommodation as part of your response, additional information will be included regarding that process.

- **Bloomington/Regional employees** mail to:
  
  **US Mail:**
  IU Human Resources
  Poplars Building, Room E165
  Attention: Transaction Services
  400 E 7th Street
  Bloomington, IN 47405

- **IUPUI employees** mail to:
  
  **Campus mail:**
  Transaction Services Team
  IU Human Resources
  Poplars Building, Room E165

  **US Mail:**
  IUPUI Human Resources
  Lockefield Village, Suite 1156
  Attention: Transaction Services
  980 Indiana Avenue
  Indianapolis, IN 46202-2915

  **Drop box:** Your CRA form may be placed in an envelope addressed to IUPUI Human Resources and dropped in the secured Mailbox (brown) located to the right of the main entrance of Lockefield Village.

Please be assured that the information you provide will be handled with strict confidentiality. If you wish to change your submission response, you can do so at any time by completing the online form again or requesting a new paper form from our team.

If you have questions regarding the form or process, please contact askHR by calling (812) 856-1234 or emailing askHR@iu.edu.

Thank you,
AskHR Customer Care Team
IU Human Resources

IUHR 06/2020
Community Responsibility Acknowledgement

STEP 1 – INTRODUCTION

Indiana University is concerned for the health and well-being of the entire community. The nature of the COVID-19 disease is such that each of our individual actions affect not only our well-being but also those of every other person we interact with or every person who uses the same spaces we use.

In order to keep the university community safe, it is important that every member of the university community is aware of, and their actions are informed by the health and hygiene recommendations from the Centers for Disease Control and Prevention (“CDC”).

Therefore, you are asked to agree to abide by the following best practices to ensure that IU students, faculty, academic appointees and staff all have a safe and welcoming environment.

STEP 2 – MONITOR YOUR HEALTH

I will monitor my health on a regular basis and take reasonable precautions to minimize my exposure to COVID-19 infection. In addition to monitoring other symptoms of possible illness or COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle pain, loss of smell or taste, and/or shortness of breath), I will take my temperature every day to determine whether I have a fever. This self-assessment of health is required every day regardless of whether I am sick or well.

STEP 3 – STAY HOME AND CONTACT IU HEALTH IF YOU FEEL ILL

I will notify my supervisor or department chair that I will not be reporting to work and will immediately contact IU Health if:

a. I have been exposed and/or have reason to believe I have been exposed to COVID-19
b. I have a fever (temperature of 100.4 degrees Fahrenheit or greater)
c. I am exhibiting other symptoms consistent with COVID-19 infection (e.g., cough, sore throat, fever, chills, muscle pain, loss of sense of smell or taste, and/or shortness of breath), or
d. I have been advised by a healthcare professional not to report to work due to actual or possible COVID-19 infection or exposure.

STEP 4 – GET TESTED AND STOP THE SPREAD

Indiana University may require me to get tested for COVID-19 if I am experiencing symptoms or have been in close contact with an individual who has tested positive for COVID-19.

In the event I am diagnosed with COVID-19, I will cooperate with Indiana University as well as state and local health departments to provide necessary information about the individuals with whom I had close contact at any time during the 14-day period prior to experiencing any symptoms.

I understand that if I am required to self-isolate or am exhibiting symptoms consistent with COVID 19 and cannot work, Indiana University will continue my regular compensation for any scheduled lost work time during that time (up to a 14 calendar day period) in addition to any accrued time off I have already accumulated.

STEP 5 – FOLLOW THE ON-CAMPUS REQUIREMENTS

While on campus, I will:

a. Practice good personal hygiene (washing hands frequently with soap and water, or using a hand sanitizer with at least 60% alcohol if soap is unavailable)
b. Routinely clean and sanitize my workspace and shared equipment
c. Wear a cloth face covering (consistent with CDC guidelines)
d. Practice physical distancing at all times, and
e. Adhere to the guidelines and recommendations from the CDC, as well as the federal and Indiana governmental authorities, to protect my health and the health of the Indiana University community.
STEP 6 – UNDERSTAND THE RISKS

Further, the Restart Committee Report states that people are expected to continue to work or teach remotely until notified otherwise. We expect to adhere to this guideline. Further information about whether your job or your teaching can be effectively conducted remotely will be forthcoming.

However, the Restart Committee also recommends that special consideration should be given to “vulnerable populations within the faculty, staff, and student community.” The CDC has identified the following individuals at a higher risk for severe illness from COVID-19:

- People 65 years and older
- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
- People with severe obesity (body mass index [BMI] of 40 or higher)*
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

*Several online calculators are available for BMI, or it may be calculated as 703 x weight in pounds divided by height in inches x height in inches. Example: 703 x 200 lb./(69 inches x 69 inches) = 29.

The following information is being requested to assist in making accommodations for those employees with underlying conditions who request such consideration under the Americans with Disabilities Act (“ADA”).

Please select one of the following:

- ○ I have none of the underlying conditions listed above.
- ○ I have one or more of the underlying conditions and request additional ADA accommodation from Indiana University due to one of these underlying conditions, [You will be contacted by an ADA accommodation representative from your campus who can assist you.]
- ○ I choose not to disclose any information, or I am not requesting an ADA accommodation from Indiana University at this time. [Should your circumstances change, please revisit and revise this Community Responsibility Acknowledgement or contact the Office of Institutional Equity (oie.iu.edu) to be connected with the appropriate resource.]

STEP 7 – KNOW WHO TO CONTACT

Please note, if you need any further information related to these guidelines, best practices, and your individual work environment, you are encouraged to contact your department chair or campus academic affairs office (faculty and academic appointees) or your supervisor or local human resources representative (staff).

STEP 8 – CONFIRMATION

Signature: ___________________________________________ Date: __________________

Printed Name: ____________________________________________________________________________________________

Department: ______________________________________________________________________________________________

Phone Number: ___________________________________________ ○ mobile  ○ home

Home Address: ___________________________________________________________________________________________

City: ___________________________________________ State: _______________ Zip: _______________