



International Institute of New England

Acknowledgement Form: Review of COVID-19 Return to Onsite Work Plan

By signing below, I certify that I have read the COVID-19 Return-to-Onsite Work Plan, will adhere to all policies regarding health checks prior to coming to work, social distancing and mask wearing while at work, client meeting protocols, contact tracing requirements, and all other policies outlined in this plan.

Employee Name: _____

Employee Signature: _____

Date: _____

Please sign and return to hr@iine.org