



EMPLOYEE TESTING

COVID-19 RAPID TEST

You are hereby notified that you are subject to weekly COVID 19 testing.

Employee Name: _____ ID Number: _____
(Print name)

Department: _____ Division: _____

To be completed by Supervisor

Employee left work at: _____ Date: _____

 Supervisor - Print Name Signature



To be completed by COLLECTOR

Time employee arrived on site: _____

 Collector – Print Name Signature Date

Barnett Park Facilities Management Corrections

Comments:
