

**Sarah Lawrence College**

**Return to Campus Expectations Agreement**

*I attest that I have read and understand the guidelines provided by Sarah Lawrence College which detail expectations for faculty and staff who will work on campus beginning in the 2020-21 academic year.*

*I agree to comply with the policies and procedures outlined in the Sarah Lawrence College Return to Campus guide.*

*I understand that failure to comply with public health and campus safety policies may result in my access to campus being revoked.*

**Employee Name (print):** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_