

COVID-19 POSITIVE REPORTING FORM

To be completed by employees who tested positive for COVID-19

Please **do not** contact the COVID-19 Nurse helpline unless you are experiencing symptoms beyond your expected return to work date outlined in the return-to-work instructions section.

Please complete this form and email to COVIDFORM@UP.COM with Job Title and Name in Subject line

EMPLOYEE INFORMATION

Employee Name:

Employee ID:

Email Address:

Phone Number:

It is Union Pacific's policy that all employees report positive COVID-19 test results. If you are sick or positive, DO NOT report to work. Please complete this form to the best of your knowledge.

Have you tested positive for COVID-19?

Yes No

What date was your positive COVID-19 test performed?

What was the last day you worked on UP property?

Did the Healthcare Provider or Health Department issue quarantine dates?

Yes No

If "Yes", enter dates:

Start: _____ End: _____

Were you in direct contact with other employees within 48 hours of symptoms starting or your test being administered?

Yes No

If yes, please provide the information below for direct contacts within the 48 hours of symptoms starting or your test being administered.

A "Direct Contact" means another individual within 6 feet of an infected person for a total of 15 minutes or more.

| First Name, Last Name | Last Date of contact, and Location (City, State) |
|-----------------------|--|
| | |
| | |
| | |
| | |

If yes, were you in a Crew Van or Hotel?

Van Hotel

If yes, did you use Equipment or Workstations?

Equipment Workstation

Are you experiencing COVID-19 symptoms?

Yes No

Start Date of Symptoms

In the 48 hours prior to developing symptoms or testing positive, please identify the State you worked

(Check all current symptoms)

Fever > 100.4° F (38° C)

Sore throat

Headache

Temperature not known, but felt feverish

Cough

Abdominal pain

Muscle Aches

Shortness of Breath

Diarrhea

Runny nose

Nausea or vomiting

Other, please specify: _____

If you are experiencing serious symptoms or medical emergency and require immediate and urgent medical care, contact your healthcare provider, or visit your local emergency room.

Union Pacific reserves the right to request and obtain medical documentation and information to support the information provided at any time.

I have read and understand the above questions and statements related to my medical history. I attest my responses are true and correct and I understand that if I provide false or incomplete information I may be subject to discipline up to and including termination. If I have completed this form electronically, I agree that my electronic signature is the equivalent of my handwritten signature on this document.

Employee Signature: Type or Sign

Date:

(PLEASE SIGN IF SUBMITTING A PRINTED FORM OR TYPE NAME IF COMPLETED ELECTRONICALLY)

Medical Leave of Absence and Return-to-Work Instructions

TE&Y employees

By completing this form, you are acknowledging you have tested positive for COVID-19 and should quarantine or isolate and not report to work. After HMS reviews the completed form, you will be contacted by HMS via MyUP Portal and email address (as provided on this form) to confirm if your medical leave of absence has been approved. If approved, HMS will grant a **5 day** medical leave starting the day after your symptoms start date and/or the date your positive COVID-19 test was administered (whichever date is earlier). On the **6th day** you will automatically be marked up and placed in OK status. You should be rested and available to receive a call for service by 8 a.m. on the **6th day**; or, if you work a regularly scheduled job, you are expected to cover your shift on the **6th day**. If you will be unable to return to work due to continued COVID related symptoms you are required to contact the COVID Nurse Helpline at 402- 544-7011 prior to the **5th day** at which time Health & Medical Services will determine whether any additional time off is needed. If you are unable to reach Health & Medical Services, do not go to work if you have COVID symptoms. Note however, that any layoffs beginning the **6th day** may be subject to the applicable attendance policy. Upon your return to work, you will be required to wear a mask in accordance with Union Pacific and CDC mask policies.

Engineering, Mechanical, and all other Agreement employees

By completing this form, you are acknowledging you have tested positive for COVID-19 and should quarantine or isolate and not report to work. After HMS reviews the completed form, you will be contacted by HMS via MyUP Portal and email address (as provided on this form) to confirm if your medical leave of absence has been approved. If approved, HMS will grant a **5 day** medical leave starting the day after your symptoms start date and/or the date your positive COVID-19 test was administered (whichever date is earlier). On the **6th day** you will automatically be marked up in the system and expected to return to work at your assigned job location on the **6th day**. If you will be unable to return to work at your assigned job location due to continued COVID related symptoms, you are required to contact the COVID Nurse Helpline at 402-544-7011 prior to the **5th day** at which time Health & Medical Services will determine whether any additional time off is needed. If you are unable to reach Health & Medical Services, do not go to work if you have COVID symptoms. Note however, that any layoffs beginning the **6th day** may be subject to the applicable attendance policy. Upon your return to work, you will be required to wear a mask in accordance with Union Pacific and CDC mask policies.

Non-Agreement employees

By completing this form, you are acknowledging you have tested positive for COVID-19 and should quarantine or isolate and not report to work for **5 days** starting the day after your symptoms start date and/or the date your positive COVID-19 test was administered (whichever date is earlier). HMS will contact you via email to confirm your dates. On the **6th day**, you can return to work at your normal work location. If you will be unable to return to work at your normal work location due to continued COVID related symptoms on the **5th day**, you are required to contact the COVID Nurse Helpline at 402-544-7011 at which time Health & Medical Services will determine whether any additional time off is needed. If you are unable to reach Health & Medical Services, do not return to work at your normal work location if you have COVID symptoms. Upon returning to work, you will be required to wear a mask in accordance with Union Pacific and CDC mask policies.

*All employee questions or inquiries regarding attendance, layoff status, or attendance points should be submitted via the **TRM** system to "**Attendance Service Center**"

Next Steps in Review Process:

1. HMS will review the completed form.
2. HMS will communicate with agreement employees if their medical leave of absence has been approved or denied
3. Employees should quarantine or isolate for the 5 days following the symptoms start date and/or the date their positive COVID-19 test was administered (whichever date is earlier).
4. Employees will be automatically marked up on the 6th day and should be available to return to work.
5. Example:
 - Day 0 (Monday): Symptoms start
 - Day 1 (Tuesday): Quarantine
 - Day 2 (Wednesday): Quarantine
 - Day 3 (Thursday): Quarantine
 - Day 4 (Friday): Quarantine
 - Day 5 (Saturday): Quarantine
 - Day 6 (Sunday): Automatic markup and employee available to return to work
6. If employees continue to have symptoms, employees must contact the COVID-19 Nurse helpline for further instructions and extension of any medical leave of absence. Do not return to work if symptoms continue.