

Employee Travel Outside the Commonwealth Form

 **Complete yellow section before leaving for travel outside Commonwealth, if feasible*.**

 **Complete blue section upon returning home.**

Submit completed form to Supervisor before returning to work.

Complete this section and provide to supervisor before traveling, if feasible. Supervisor will copy and return to employee before employee leaves.

Date: _____
Employee Name: _____
Employee Phone: _____
Location: _____
Supervisor: _____
Travel Location: _____
Dates of Travel: _____
Mode of Transportation: _____

Complete this section before returning to work. Submit completed form to your supervisor. Facility Manager/VP approval is required before you can return to worksite.

Did you use the same personal hygiene precautions while traveling as you do at home?
Yes No

Precautions used? _____

Do you have concerns that you were exposed to individuals with COVID-19 symptoms in the last 14 days?
Yes No

Do you or a close contact...

Have fever?	Yes	No
Have a cough?	Yes	No
Have shortness of breath?	Yes	No

I acknowledge the information provided above on this form is accurate.

Employee Signature _____ Date _____

*Management recognizes that filling out before travel is not always feasible. Providing in advance of significant travel may allow employee to better understand their Facility Manager/VPs thoughts on potential needs for quarantine based on travel plans before leaving.