

Travel Disclosure Form

1. Name of Traveler: _____

2. Name of accompanying relative(s): _____ **or** None

a. Relationship to Traveler: Spouse Child Other: _____

3. Dates of Departure and Return: Departure: _____ Return: _____

4. Departure City: _____ Destination: _____ Return City: _____

I _____, an employee of [COMPANY], understand that the Center of Disease and Control Prevention (CDC) has issued a Level 2-Practice Enhanced Precautions global outbreak notice related to COVID-19. With this, I understand that I may not be able to return to work for at least 14-days, to begin upon the date of return specified above, if I experience any or all of the following: I have a fever of 100.4 or higher, dry cough, and/or difficulty breathing or I have had close contact with a confirmed case of COVID-19. I further understand that my absence as a result of travel, however long, may be unpaid.

Signature of Traveler: _____ Date: _____

Office Representative: _____ Date _____