

Travel/Quarantine Form



Today's Date:

Employee Name:

Emp. Contact Info:

Location:

Fully Vaccinated:

As of (date):

Travel Details:

Departure Date:

Return Home Date:

Please Note: Day one of quarantine period starts the day after the Return Home Date.

Quarantine Period:

Potential RTW Date:

Manager acknowledges and attests that:

- a copy of this form has been given to the employee
- employee has been informed of the return to work date
- employee understands the return to work date is subject to change by HR

Manager Signature:

***** Procedures for completing this form can be found on the next few pages. *****