<INSERT COMPANY LOGO HERE>

**ESSENTIAL HEALTHCARE PERSONEL**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Initiated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This individual is traveling for Essential Activities in Healthcare and Public Health Operations and is required to provide care to patients at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a long term care facility. Please provide any assistance possible to ensure their safe travel to work.

If you have any questions, please contact the Facility Administrator at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you,

<INSERT ADMINISTRATOR’S NAME & SIGNATURE>