

COVID-19 EMPLOYEE OUT OF STATE TRAVEL AUTHORIZATION FORM

Employee Information

Employee Name	
Employee ID Number	
Employee Phone Number	

Travel Details

Type of Travel (Personal or Business)	
Destination (City/State/Country)	
Date of Departure (mm/dd/yyyy)	
Date of Return (mm/dd/yyyy)	

Risk Factors

Travel Mode - Please provide the modes of transportation that will be used on your trip.

Check all that apply.

- Air
 Car (Personal or rental)
 Public Bus or Van
 Ship or Cruise
 Train or Metro
 Rideshare/ Taxi
 Other: Specify _____

Accommodations - Where will you be staying on your travel?

Check all that apply.

- Private Residence or Family Home
 Rental or Airbnb
 Hotel or Resort

Gatherings - Will you be spending time with anyone outside of your primary household?

Check all that apply.

- No, household members only
 Yes, persons from other part of the state or country; Location: _____
 Yes, in a large gathering setting (i.e. wedding, festival, concert, etc.)

Social Distancing - Will you be able to follow social distancing guidelines during your travel?

- Yes, I will be able to socially distance and use face coverings when around non-household members
 No, I will not be able to socially distance and use face coverings when around non-household members

This request form does not negate the requirement to request all leave through the NOVAtime system. All existing personnel policies remain in full effect.

Supervisor Signature

Date

County Administrator Signature

Date