

OUT-OF-STATE EMPLOYEE TRAVEL

GENERAL INFORMATION

Employee Name: _____

Date Departed PA: _____

Date Returned to PA: _____

COVID-19 TEST AND QUARANTINE STATUS

I certify that one of the following is true:

- *I was tested 72 hours prior to my return to the Commonwealth of Pennsylvania, and either received a negative test result for COVID-19 prior to my return, or quarantined in Pennsylvania until I received negative test results.
- *I was unable to test 72 hours prior to my return to the Commonwealth, because my trip to another state was shorter than 72 hours, and therefore I quarantined until I received a negative test result for COVID-19 in Pennsylvania.
- *I did not test 72 hours prior to my return to the Commonwealth, and therefore I have quarantined until I received a negative test result for COVID-19 in Pennsylvania.
- I have quarantined for 14 days upon return from travel outside the Commonwealth of Pennsylvania.

***If returning to work prior to the 14 day quarantine period due to receiving a negative COVID-19 test, evidence of test results must be provided and attached to this form.**

AUTHORIZATION

I attest that the above information is accurate and complete. I further attest that I have no COVID-19 symptoms and, to the best of my knowledge, I have not been within close contact to a positive case. I further agree to monitor my symptoms and immediately report to the District any new or developed COVID-19 symptom.

Employee Signature: _____ Date: _____

****Return this form to the Assistant Superintendent's office****