

# River Valley Child Development Services

## TRAVEL REGISTRATION FORM **COVID19**

**\*\*For RV CARES and School Age Connection Employees Only\*\***

**For any travel, please complete this form and submit it to your Program Director and Supervisor.**

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Employee Name:  Program:

Program Dir. Name:  Supervisor Name:

Mode of Transportation:

Date of Departure:  Date of Return:

Please describe destination(s), including city/county/state and/or country:

Are you aware that, depending upon your destination, you may be recommended to complete 7 days of quarantine (14 days if traveled to COVID hot spot) before returning to work on-site?

Yes

No

Are you aware that, after any required quarantine due to travel, you must have written approval from your Program Director before you return to work on-site?

Yes

No

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### PROGRAM DIRECTOR USE ONLY

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The employee can return to work on-site immediately after travel.

Employee will quarantine for:    7 consecutive days    14 consecutive days upon return from travel.

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date