**ESSENTIAL WORKER IDENTIFICATION DOCUMENT**

**To Our Law Enforcement Partners:**

Authorized Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name and Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This employee’s presence is needed to maintain continuity of operations at COMPANY NAME located at the above address. The Company has been identified as a business that is an essential component of a critical infrastructure industry, as defined by the United States Government and/or the State of \_\_\_\_\_\_\_\_\_ current laws and orders. This designation requires that the Company take extraordinary steps to ensure continued operations. Specifically, this means that designated employees are permitted to travel to and from Company facilities for work and for travel that is strictly necessary for the performance of the employee’s duties as critical infrastructure workers.

**Therefore, it is the respectively requested that this employee be permitted to travel to and from business office and travel that is strictly necessary to perform essential work.** Verification can be made with the Company by contacting NAME…PHONE NUMBER.

Yours for a safe work environment,

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME

TITLE

ADDRESS  
PHONE NUMBER