

## Employee Travel Isolation Exception Request (For Out-of-State Parenting Duties Less Than 24 Hours and/or Medical Needs)

Per N3B-AP-0003, *COVID-19 Resumption of Operations*, an employee must submit a request for an exception to the 14-day isolation period for travel to New Mexico from out of state. The employee's Manager and Program Manager will review the request and submit it to the Travel Exception ROC sub-committee (Legal Counsel, ESH PM, and the HR Director) for approval. Final approval will be granted by Office of the President.

Employees should, when possible, pre-plan to allow the necessary time to process an exception request. All subcontractor requests reviewed by the Travel Exception ROC sub-committee will be coordinated with N3B Procurement representative who will notify the respective subcontracting company. NOTE: Occupational Medicine must still be contacted by the employee to declare their arrival into New Mexico (N.M.), even with an approved exception request. Additionally, if Occupational Medicine is not aware of a fully approved exception request, then the employee will be assigned to isolation upon return to NM.

Employee Name:	NP Number:	Home Organization:
Departure Date from N.M. (if applicable):	Return/Entry Date to N.M.:	

Employer: <input type="checkbox"/> N3B <input type="checkbox"/> Union	<input type="checkbox"/> Subcontractor:
Manager Name and Title:	Subcontract HR Representative and Phone Number:
Matrix to another Org?: Yes <input type="checkbox"/> No <input type="checkbox"/> Matrix Org/Manager:	Procurement Director Acknowledgement: <input type="checkbox"/> N/A

Purpose of Travel Exception Request and Mode of Transportation (i.e. medical, court, custody, family emergency/Air Travel, Bus, Train, Personal Vehicle, etc.)

Program Manager:  Approve <input type="checkbox"/>	ES&H Program Manager:  Approve <input type="checkbox"/>
Legal Counsel:  Approve <input type="checkbox"/>	Human Resources Director:  Approve <input type="checkbox"/>

Final Approval  <input type="checkbox"/>	Office of the President:	Date submitted to Subcontract Representative (if applicable): Date: _____ Initials: _____
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NOTE: The Final Approver must ensure that the following parties are sent the final decision and the finalized form after review/signature: Employee, Employee's Manager, Human Resources and Occupational Medicine. Occupational Medicine will retain a copy of the finalized form in the employee's file.