

Employee Travel Isolation Exception Request (For Out-of-State Travel from Low Risk States to New Mexico)

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 will review and sign off on the request where indicated. The employee’s Manager will then send the signed form to Occupational Medicine for final review and approval. The approval is based on states that are considered “low risk” per the New Mexico Department of Health. The employee and Manager need to be aware that this can change weekly. If the state(s) from which the employee is traveling change to “high risk” upon their return, then the exception to the 14-day isolation period will no longer be granted on this basis alone.

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.

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

List state the employee is traveling from, include all states along the route and provide details on length of stay in each state along the route:

Manager: Approve <input type="checkbox"/>	Occupational Medicine: Final Approval <input type="checkbox"/>
--	---

Date submitted to Subcontract Representative (if applicable):
 Date: _____ Initials: _____

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.