



**City of Little Rock**

**Personal Travel Screening Form**

**Effective: March 23, 2020**

Please complete the form and email to [Riskmanagement@littlerock.gov](mailto:Riskmanagement@littlerock.gov). If you are unable to complete the form please contact one of the following by phone who will assist you. This process can be completed prior to traveling or once you return. Employees are encourage to review the Centers for Disease Control for High Risk Areas.

**Do not return to your work location until you have been cleared by Human Resources Staff.**

• Safety/Loss control Specialist	501-371-4756/501-246-2761
• Risk Manager	501-371-4502

Date: \_\_\_\_\_

Please report if you have traveled since March 20, 2020 or plan to travel by air, sea or out of the State of Arkansas:

Employee First Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_

Personal Contact Number: \_\_\_\_\_

Supervisor's Name and Contact information:

\_\_\_\_\_

Please answer the following regarding travel since March 20, 2020:

Have you traveled outside the United States? No \_\_\_ Yes \_\_\_: If yes, where:

\_\_\_\_\_

Have you traveled outside the State of Arkansas? No \_\_\_ Yes \_\_\_: If yes, where:

\_\_\_\_\_

Have you been on a cruise? No \_\_\_ Yes \_\_\_

What date did you return to Arkansas? \_\_\_\_\_

Where you in gathering(s) of twenty-five people or more? No \_\_\_ Yes \_\_\_

Human Resources Department Use:



**City of Little Rock**

**Personal Travel Screening Form**

**Effective: March 23, 2020**

Date and Time Employee Notified of Review: \_\_\_\_\_

Employee advised to return to work: Yes \_\_. No \_\_

If no, the date the employee be allowed to return to work:

\_\_\_\_\_

Adopted: March 23, 2020