



**City of Little Rock**  
**Personal Travel Screening Form**  
**Effective: March 23, 2020**  
**Revised: June 5, 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 needs to be completed prior to traveling and employees are encouraged 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

Today's Date: \_\_\_\_\_

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

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

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

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

Supervisor's Name and Contact information: \_\_\_\_\_

Projected dates of travel: \_\_\_\_\_

Will you be traveling outside the United States? No \_\_\_ Yes \_\_\_: If yes, where: \_\_\_\_\_

Will you be traveling outside the State of Arkansas? No \_\_\_ Yes \_\_\_: If yes, where: \_\_\_\_\_

Will you be taking a cruise ship? No \_\_\_ Yes \_\_\_

What is your method of travel, car, bus, train, plane, etc...? \_\_\_\_\_

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

Do you plan to be in gathering(s) of ten people or more? No\_\_\_ Yes \_\_\_

Is your destination classified a High-Risk area and require a 14 day quarantine upon return? No\_\_\_ Yes \_\_\_

Refer to AR Dept. of Health Alerts/Directives:

<https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus>

**Upon return from travel, it's the supervisor's responsibility to validate the terms of travel and contact the Human Resources staff if any changes occurred.**

Human Resources Department Use: \_\_\_\_\_

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