

TRAVEL AUTHORIZATION FORM

Name of Employee: _____

Business Unit or location: _____

Destination(s): _____

Date of travel: _____

Business necessity for travel: _____

As the traveling employee I confirm the following:

1. I have reviewed and understand all company guidance with regard to COVID-19 mitigation practices including personal hygiene, social distancing, and disinfection/cleaning.
2. I have been provided sufficient PPE for the duration of my trip, and understand the proper use of each? ("PPE" shall mean masks, gloves, sanitizer, cleaning materials.)
3. I have confirmed that my travel plans are not in violation of any state re-opening controls or guidance.
4. I have in my possession all travel authorization paperwork necessary to travel through and to my final destination(s).
5. I have confirmed the COVID-19 mitigation practices of the destination business or facility and find them comparable to those of STE iDirect.
6. If there is a risk that I will run out of PPE during my travels that I will end my trip at the time I make that determination.
7. If I discover that the business or facility that I visit does not practice COVID-19 mitigation at a level similar at least as stringent as STE iDirect Inc. controls, I will terminate my visit immediately.
8. If at any time during my travels I develop flu-like symptoms or a fever greater than 100.3, I will terminate my travel, return to my home, and contact my supervisor or local HR manager.
9. If I am exposed to COVID-19 during my travels I will terminate my travel immediately, return to my home, and contact my supervisor or local HR Manager.
10. During my travel, I will track all close contacts and provide my Human Resources Manager with a copy of that list upon completion of my travel.
11. I acknowledge that at the conclusion of my business travel I will be required to work remotely for a period of seven (7) days, unless I have become COVID-19 symptomatic or was potentially exposed to COVID-19, in which case I will work remotely for fourteen (14) days prior to returning to the workplace. Telework accommodations will be managed in a manner consistent with local HR policies.

X _____

Traveler Signature

X _____

Supervisor Validation