



## RECENT TRAVEL REPORTING FORM—EMPLOYEE

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Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Position \_\_\_\_\_ Department/campus \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

This form must be completed by employees who have traveled outside of the community and are intending to return to work. An employee who has traveled to an area where there is a risk of exposure to COVID-19 may be required to stay home and complete a 14-day isolation period. **Based on the information provided, HC may contact you for additional information to determine if you will be required to remain away from the workplace.** Please refer to the [Centers for Disease Control](#) (CDC) website for more information about travel risks.

I traveled to the following location(s):

*(Check all that apply)*

**Country or countries outside the U.S.**

List all countries to which you traveled:

\_\_\_\_\_

List the beginning and ending dates of the trip:

From \_\_\_\_\_ to \_\_\_\_\_

**Another state or states within the U.S.**

List all states to which you traveled:

\_\_\_\_\_

List the beginning and ending dates of the trip:

From \_\_\_\_\_ to \_\_\_\_\_

**Another city or cities within Texas**

List all cities within Texas to which you traveled:

\_\_\_\_\_

List the beginning and ending dates of the trip:

From \_\_\_\_\_ to \_\_\_\_\_

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Return to Work: \_\_\_\_\_ 14-day isolation \_\_\_\_\_

Human Capital Risk Management Coordinator/Date: \_\_\_\_\_