**COMPANY NAME**

**ADDRESS**

**CITY, STATE ZIP**

**PHONE**

DATE:

RE: **Travel to and from employer certification**

Employee Name

Address

City, State ZIP

To Whom It May Concern:

Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an essential employee of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and therefore, in compliance with executive order issued by the Governor of the State of Maryland Larry Hogan, our business is considered part of the "ESSENTIAL" business category under Maryland Interpretive Guidance No. COVID19-04 (Copy attached) is considered essential staff permitted to travel to and from his/her place of business or job site.

NATURE OF EMPLOYEE’S WORK AND LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please carry this letter with you at all times. We request that our employees follow all Federal and State regulations and to avoid groups of 10 or more people.

If you have any questions, please do not hesitate to call us at XXX-XXX-XXXX

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name

President/Manager/Owner