DATE:

TO WHOM IT MAY CONCERN:

**Employee Travel Information**

The holder of this letter is a worker serving an essential industry. COMPANY NAME is a plumbing company performing services vital for health, hygiene and safety.

This document certifies that the individual in possession of this letter is a COMPANY NAME employee:

Name of Employee

He/she is required to travel when reporting to, returning from, or performing his or her work functions. Pursuant to the above, this individual should be granted the ability to travel to and from the workplace and to and from locations in relation to his/her work duties.

Should you have any questions concerning this letter, please contact CONTACT PERSON, TITLE on PHONE NUMBER.

Your cooperation and assistance are greatly appreciated.

Yours faithfully

**Chief Executive Officer / Director**

**COMPANY NAME**