*INSERT LETTER HEAD HERE IF AVAILABLE*

Date of issuance –

To whom it may concern,

**ALERT LEVEL 4 BUSINESS EMPLOYEE TRAVEL AUTHORITY**

[*Employee name*] is employed by [*Employer name and business name*], which is considered an Alert Level 4 business and is permitted to remain operational during the New Zealand Covid-19 Alert Level 4 shutdown.

[*Employee name*] has agreed they will only travel to and from our place of work, which is located at [*Employer/business address/es here*]. Their usual hours of work are from [*start time*] to [*finish time*].

For any questions regarding their movements for work purposes please contact [*Employer name*] on [*Phone number*].

This arrangement has been agreed by both [Employee name] and [Employer name].

Employer signature Employee signature

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