

**NORTH ATTLEBOROUGH PUBLIC SCHOOLS
FORM FOR TRAVEL OUTSIDE OF MASSACHUSETTS**

In accordance with Section VIII of the School’s COVID-19 Out-of-state Travel Policy, Employees must complete the following form:

Date of Submission: _____

Employee’s Name: _____

Department: _____

Title: _____

Contact Phone Number: _____

Supervisor’s Name and Contact information: _____

Destination(s) (city/town, state, and country): _____

Date of Departure from Massachusetts: _____

Date of Return to Massachusetts: _____

Dates Staying in Destination City(ies)/Town(s): _____

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EMPLOYEE SIGNATURE

DATE

PRINCIPAL/DEPARTMENT HEAD SIGNATURE

DATE