



Request for travel exemption due to critical employment need

When complete, please email your application to CPHOTravelRequests@gov.nu.ca with subject line 'CRITICAL EMPLOYEE' and your anticipated travel date.

① Date of Submission (DD-MM-YYYY)

Personal information

Last name

First name

Date of Birth (DD-MM-YYYY)

Employment information

② Reason for critical employment (i.e., please state your profession; front line health-care provider, RCMP, etc.)

③ Employer

④ Location of Work (in Nunavut)

Travel information

⑤ Travel date into Nunavut (DD-MM-YYYY)

Please note: the date must correspond with the approved critical traveller days.

Departure Point (flying from)

Ottawa

Yellowknife

Other (please specify)

Winnipeg*

Edmonton

⑥ Hometown

⑦ Travel History

Please state each travel location you visited in the **last three weeks**, and the dates you were in each location. If you travelled internationally, please include your destination as well as any layovers that occurred during your travel:

Health information

Do you have any known exposure to COVID19? Yes No

Are you symptomatic (fever, short of breath, cough)? Yes No

Agreement to self-isolation measures

⑧ Do you agree to the following self-isolation measures outside of working hours?

1. Not visiting any local/retail stores: Yes No Initials: _____

2. Avoiding all gatherings/events: Yes No Initials: _____

3. Remaining isolated in room/house/hotel: Yes No Initials: _____

4. Maintaining social distancing (two meters): Yes No Initials: _____

⑨ Declaration

Please read carefully. By signing this application, I declare the following: the information in this application and in any attachment is true and accurate; I understand that if I choose to complete and submit this application electronically it will be equivalent to an electronic signature, and will be treated in the same manner as if I had signed and submitted it through other means.

Providing misleading or false information in response to these questions or to the office of the Chief Public Health Officer constitutes a breach of the Travel Restriction Order and can be punishable by a \$575 fine.

Printed employee name: _____

Employee signature: _____

 **Monitor closely for symptoms and immediately call the health centre if you develop symptoms.**

Instructions for completing this form

To ensure that requests can be processed in a timely fashion, please ensure that all parts of this form are completed as instructed. Incomplete forms may result in a delay in processing. **Important: this form must be submitted within 7 days of your travel to Nunavut.** Please **allow up to 2 business days** for processing. Note that you have to receive this letter to board your flight. This letter is valid for 7 days after receipt.

In addition to the other components of the form that need completion, please note the following instructions. Numbering corresponds to the section of the form to which the instruction applies:

- | | |
|---|---|
| ① Date of Submission | Please enter the date of submission. |
| ② Reason for critical employment | Please state your profession or 'compassionate' request if this applies. |
| ③ Employer | Please indicate your employer, note that we may require a letter from your employer supporting the critical need. Please leave blank for compassionate request. |
| ④ Location of Work | Please state the community in Nunavut that you work in or are travelling to. |
| ⑤ Travel Date | Please enter the date that you are travelling into Nunavut. Very important: Your request can only be sent in within 7 days of your travel to Nunavut. |
| ⑥ Hometown | Please state the name of the community you reside in. |
| ⑦ Travel History | Please indicate all locations that you have travelled to in the last three weeks. |
| ⑧ Self-isolation Measures | You must initial in these boxes for your request to be processed. |
| ⑨ Declaration | Form must be signed and dated. |