

**BARRINGTON PUBLIC SCHOOLS EMPLOYEE CERTIFICATION FORM  
TELEWORK RESULTING FROM TRAVEL**

As you are aware, the CDC has indicated that travel increases your chance of spreading and getting COVID-19. The CDC recommends to delay travel and stay home to protect yourself and others from COVID-19, even if you are vaccinated. If you do travel to a state identified as high risk for COVID, residents are required to quarantine for 10 days upon return. Per district protocols you are also eligible and expected to return in person with a negative rapid test (taken between days 8-9 of your quarantine).

As quarantine can lead to significant issues with coverage for which we need to plan proactively. If you must travel, please complete the form below as soon as you are aware of travel plans, and submit it to your building principal, Doug Fiore, and Mike Messori so that they can make appropriate plans. Also, if you have been vaccinated, please completed #3. below so we can determine if it impacts your quarantine length.

Employee Name:

Date:

1. Kindly provide information concerning the state or country you are traveling to and the date you will return to Rhode Island:

- a. State/Country
- b. Date of Departure
- c. Date of Return

2. I understand that the impact of my decision to travel to a high risk state or location and that I will not be able to teach in person until expiration of that quarantine as set forth in the [Illness and Screening Protocols](#) . I further understand that subject to the Superintendent’s decision that remote work is feasible for me, I will be expected to work remotely during this period of quarantine.

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3. If you have been vaccinated, please provide that information below:

- a. Type of vaccination (Pfizer/Moderna/J&J)
- b. Date of first shot
- c. Date of second shot (if applicable)

**Please return a completed and signed form as soon as possible.**

- By signing below, I certify that the information provided above is true and accurate.

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Signature Date