<LOGO or LETTERHEAD>

<Employee Name> is an employee of <Employer name>. <Employer name> is an <Assisted Living Facility/Nursing Home>. <Assisted Living Facilities/Nursing Homes> are “Healthcare and Public Health Operations” and are therefore “Essential Businesses and Operations” under paragraph #13 of the Wisconsin Department of Health Service Emergency Order #12, Safer At Home Order (“the Order”), dated March 24, 2020. As an Essential Business and Operation, the employee may engage in “Essential Travel” to and from the employee’s place of employment before and after the employee’s scheduled work hours, pursuant to paragraph #15 of the Order. This information can be verified by calling <phone number>.

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<Signature>

<Title>

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<Date>