



# CITY OF PHILADELPHIA

## DEPARTMENT OF PUBLIC HEALTH, HUMAN RESOURCES OFFICE

### Out of County Travel Notification

This form must be completed by employees for travel out of the City of Philadelphia's borders prior to or within 24-hours of traveling out of Philadelphia County.

<b>Department</b>		<b>Division / Unit</b>	
<b>Driver 1 (D1) Name</b>		<b>D1 - Payroll Number</b>	
<b>D1 – License #</b>		<b>D1 - Job Title</b>	
<b>Driver 2 (D2) Name</b>		<b>D2 - Payroll Number</b>	
<b>D2 – License #</b>		<b>D2 - Job Title</b>	

Vehicle Information			
<b>Make</b>	<b>Model</b>	<b>Property Number</b>	<b>License Plate</b>

Travel Information				
<b>Date(s) of Travel</b>	<b>Destination Address</b>	<b>State</b>	<b>Zip</b>	<b>Time Duration</b>

Scope of Work / Travel:	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Routine
<input type="checkbox"/> Training	<input type="checkbox"/> Conference <input type="checkbox"/> Other

Supervisory Approval (required)	
<input type="checkbox"/> Approved	<input type="checkbox"/> Rejected
<input type="checkbox"/> Approved with modifications	
Describe:	
<b>Supervisor Signature</b>	<b>Date</b>

FAX/EMAIL COMPLETED FORM TO SAFETY OFFICE

Fax: (215) 685-5212

Email: [Terrance.Adkinson@phila.gov](mailto:Terrance.Adkinson@phila.gov) or [Danielle.Coleman@phila.gov](mailto:Danielle.Coleman@phila.gov)