March \_\_, 2020

**TO WHOM IT MAY CONCERN:**

**Re: COVID-19 – NEW JERSEY GOVERNOR’S HEALTH ORDERS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name, Description and Location of Business Entity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand that Governor Murphy’s Health Order, effective March 21, 2020 (the “Order”), requires all but essential employees to shelter in place at their residences. In compliance with the Order, {Business Entity} has nearly all of its personnel working from home and sheltering in place. However, consistent with the Paragraph 11 of the Order, a small number of employees have been tasked with maintaining essential business operations. In particular, these employees are tasked with maintaining {State reason for exception: administrative, support or IT} functions necessary for {Business Entity} employees to work from home.

The bearer of this letter is a member of the limited staff supporting those essential business operations. The staff we have authorized to enter our premises during this time are practicing enhanced hygiene measures in conjunction with their work and handling of materials and they are working substantially by themselves in accordance with the highest standard of social distancing we can achieve.

If you have any questions regarding their status, we ask that you allow them to proceed and please contact \_\_\_\_\_\_\_\_\_\_\_\_(Name, Title and Phone Number of Contact)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Sincerely,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Authorized Officer

 Title