<INSERT DATE>

IFA Membership Number:

**PERMISSION TO ATTEND WORKPLACE**

**COVID-19 PANDEMIC – ESSENTIAL SERVICES**

To whom it may concern;

The individual in possession of this letter <INSERT NAME> is an essential worker employed at <INSERT BUSINESS NAME HERE> required to travel to and from his/her workplace at <INSERT ADDRESS OF WORKPLACE.

The Irish Government has established a list of essential services and businesses that need to continue to operate during the weeks ahead. Farming and the business of farming/care of animals is designated as an essential role/activity. This work cannot be done from home and therefore this employee is required to attend work at the above address.

He/she should be considered exempt from local and mobility restrictions when travelling to, returning from or performing his/her work-related duties.

Any attendance at the workplace will be in full adherence with any hygiene and physical distancing guidelines in relation to COVID-19.

If you have any questions concerning this letter, please contact me at <insert name and mobile number of at least two contacts for the business here>.

Yours sincerely,

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IFA Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERMISSION TO ATTEND WORKPLACE**

**COVID-19 PANDEMIC – ESSENTIAL SERVICES**

To whom it may concern;

The individual in possession of this letter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an essential worker employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ required to travel to and from his/her workplace at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Irish Government has established a list of essential services and businesses that need to continue to operate during the weeks ahead. Farming and the business of farming/care of animals is designated as an essential role/activity. This work cannot be done from home and therefore this employee is required to attend work at the above address.

He/she should be considered exempt from local and mobility restrictions when travelling to, returning from or performing his/her work-related duties.

Any attendance at the workplace will be in full adherence with any hygiene and physical distancing guidelines in relation to COVID-19.

If you have any questions concerning this letter, please contact me at

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mob No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours sincerely,

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