



ESSENTIAL EMPLOYEE

COVID-19 Essential Employee Authorization Letter

The bearer of this letter is an employee who is responsible for an essential function at _____ (Business Name) in Angelina County, Texas. _____ (Business Name) falls under the **SELECT ESSENTIAL BUSINESS CATEGORY** in the Amended Emergency Regulations Stay Home – Stay Safe Order.

Signature

Signed by: _____
(Print Name)

If you have questions about this person's affiliation the _____, please contact _____ at _____ (mobile phone number).