



CITY OF CHICAGO



[Healthcare facility name]
[address]
[phone number]
[Date]

To Whom It May Concern,

This letter is to verify that [*eligible healthcare worker name*] is employed at [*name of healthcare facility*] as a [*position/title*] in the [*department name*]. Additionally, [*eligible healthcare worker's name*] has been identified as a healthcare worker eligible for hotel accommodation due to direct contact with COVID-19 positive or symptomatic persons.

This letter serves as confirmation that [*eligible healthcare worker's name*] has been determined eligible for a hotel accommodation by [*name of healthcare facility*].

Please do not hesitate to contact [*healthcare facility contact*] with any additional questions or concerns.

Sincerely,

Printed Employee Name

Employee Signature

Printed Healthcare Facility Authorized Name

Authorized Signature

Call the following hotels, in advance, to secure a reservation:

The LondonHouse Hotel

312.357.1200

Press "0" for Front Desk