



Pandemic Travel Approval Request Form

Instructions: Please fill out this form in its entirety. Once completed, please route form to you Control Point for approval. Note: Incomplete forms will be returned.

PART I: APPLICANT | REQUESTOR DETAILS

Name: SAMPLE	Phone: SAMPLE	
Email: SAMPLE	School or Unit: SAMPLE	
Faculty: <input type="checkbox"/>	Student, Resident or Fellow <input type="checkbox"/>	Staff or Post-Doc <input type="checkbox"/>

** Since requirements may change, the requestor agrees to check for visa, quarantine, return etc. travel updates 1 week before travelling. **

PART II: TRAVELER DESIGNATION (if different from Requestor Designation)

Name(s):	Email(s):
Additional Name(s):	Additional Email(s):
Project-Supported Staff <input type="checkbox"/>	Project-Supported Contractor <input type="checkbox"/>

PART III: TRAVELER DETAILS

Traveler Current Location, City, State, Country:
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DATES OF TRAVEL <small>(each leg of trip)</small>	FROM CITY, STATE, COUNTRY	TO CITY, STATE, COUNTRY

PART IV: TRAVEL DETAILS

Essential activity of requestor that requires travel and which cannot be postponed (multiple answers allowed)

- Safety of a patient or research subject
- Results of research activity
- COVID-19 related research or support
- To meet a graduation or completion requirement

This travel will be booked using Connexus. Yes No Uncertain

PART V: ADDITIONAL TRAVEL DETAILS

Please include the following details below, if applicable:

Describe travel activity & why it is essential:

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Describe quarantine time/dates on both ends of trip:

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Plans to lower COVID risk during travel and at the site:

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Estimated Cost of Trip, including quarantine costs:

Funding Source (and Chart String - if applicable):

APPROVAL AUTHORIZATION FOR TRAVEL REQUEST

I have reviewed this Pandemic Travel Request, and it is:

Approver Signature: **SAMPLE FORM VOID IF SUBMITTED**

Approval Date: **SAMPLE FORM VOID IF SUBMITTED**

Additional Approval or Not Approved Details

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