

Petition for University-Sponsored Travel During COVID-19 Crisis

This form should be completed by:

- the supervisor for a group of employees traveling together
- the faculty member or staff member who assumes oversight responsibility for University-sponsored travel by an individual student or a group of students
- individual employees seeking approval for University-sponsored travel if not traveling as part of a group

Individual students may not petition for approval for University-sponsored travel; such travel must be overseen by a faculty or staff member who seeks approval for the student's travel by completing this form. University-sponsored travel arrangements must only be booked by the University.

NOTE: Approval for University-sponsored travel must be obtained before travel is booked. If approval has not been granted in advance, employees will need to reimburse the University for any incurred expenses, and employees or students will not be reimbursed if they have booked travel using personal resources

Name of person seeking approval:

Contact phone number:

Email:

Purpose of the proposed trip:

Dates of the proposed trip:

Destination(s) of trip:

Can the trip's purpose be accomplished without travel? _____ Yes _____ No

*If no, please describe why the function cannot be suitably achieved through alternate means:

Name of each person who will travel *add rows where necessary*

Traveler Name	Faculty (F)	Staff (S)	Student (ST)

Please provide the following travel details

List all overnight accommodations (*indicate if hotel, residence hall, or other form of accommodation along with the address*):

All modes of travel planned and anticipated (*Indicate if there are stop-overs or layovers in excess of one hour. Include public transportation, car rental, ride share*):

How will you/ group have meals (*if meals will be in restaurants, please indicate current ordinances, including capacity restrictions*):

Itinerary of trip (*include all intended points of interest and attractions*):

Travel resources (Consult prior to submission of Petition to Travel)

- [Suffolk University Coronavirus \(COVID-19\) Advisory](#)
- [CDC Considerations for Travelers - Coronavirus in the US](#)
- [CDC Preventing Getting Sick](#)
- [State, Territorial, Local and Tribal Health Department Search](#)
- [Massachusetts Travel Guidance](#)

Travel considerations checklist

Will your trip include field research? _____Yes _____No

*If yes, please describe the type of field research and location(s):

Are you heading to a remote location? _____Yes _____No

*If yes, are medical, transportation, and food services available at your destination?

Does the travel include partnership with any organization or university? _____Yes _____No

*If yes, please describe the COVID-19 control measures or place a web link to organization's COVID-19 information page. If there are multiple organizations involved, please link all here.

Please describe the residence accommodations provided by the organization for all travelers:

Does the residence accommodation have a plan in place for self-isolation for positive COVID-19 cases?

_____Yes _____No

*If yes please describe or link web page here:

Does the local or state government at your destination require you to quarantine after arriving? Yes
 No

*If yes, please describe how you intend to follow the guidelines. Please include where all travelers will quarantine and plans for meals and medical care if needed.

Does the local or state government where you live require you to stay home or quarantine after traveling?

[Current guidance for Massachusetts residents](#)

Yes No

*If yes, are you able to stay at home or quarantine?

Review the local health department and government restrictions for your destination. Please indicate how any of the restrictions will impact your trip.

Please indicate the emergency evacuation process for you and/ or the group in the event that you are ordered to leave as a result of COVID-19 during the planned trip.

Please describe the contingency plans you will use for illness, isolation, or quarantine of students and staff during the trip, including specific plans should the leader of the trip become ill.

Do you have any concerns about your trip that you would like to discuss with Risk Management?

Yes No

*If yes, please indicate here:

Please acknowledge that you have answered questions accurately, reviewed the travel resources identified above, are comfortable traveling and will follow all federal and state guidelines during your trip and upon return.

Traveler/Supervisor:

Signature Date:

Routing instructions

- Revenue generating business travel (*note exception below)–
 - Faculty will submit form to their department chair. Department chair will submit form to the academic dean. Dean will submit form to Provost.
 - Staff will submit form to division head. Division head will submit form to Senior VP for Finance and Administration.

_____ *Faculty initials*

_____ *Department chair initials*

_____ *Academic dean initials*

_____ *Division head initials*

- *Exception: If the requested travel meets all of the following criteria, the form may be approved by the division head or dean -
 - Travel will use an automobile owned or rented by the traveler
 - The destination is one of the states currently included by Massachusetts in the category that does not require quarantine upon return. [Mass.gov current guidelines](#)
 - The travel does not include an overnight stay

- Academic programming –
 - Faculty: will submit to their department chair who will submit form to the academic dean. Dean will submit form to Provost.
 - Staff trip supervisor will submit form to their division head. Division head will submit form to Provost.

_____ *Faculty Initials*

_____ *Department chair initials*

_____ *Academic dean initials*

_____ *Division head initials*

- Co-Curricular - Form will be submitted to Dean of Students Colleges/ Law School who will submit to Risk Management.

_____ *Dean of Students initials*