COVID-19 Travel Approval Form



Anyone engaging in any form of travel more than 25 miles from campus is required to complete this form a minimum of 2 weeks in advance of the proposed first date of travel.

Today's D	ate						
Your Name				Email Address			
Organization/Department				Phone Number			
Reason for Travel. Meeting Conference Prograa Workshop Other:							
Date Leaving	Date Returning		Number of People Expected at Event		Location of Event Street Address		
*The University may suspend all travel at any time due to the Covid-19 pandemic and any prior travel authorization may be revoked by the University at any time.							
Please explain why this travel is necessary and consider whether alternate participation is available:							
Describe the precautions all travel participants will be required to take (limiting the number of people in each vehicle/social distancing/wearing face coverings/traveling with hand sanitizer and sanitizing wipes or spray):							
spray).							
List the names of ALL Travel Participants (including students, advisors, faculty and staff):							

faculty, staff and community members. Please answer the following the safety of travel participants. Please reference the Restore I visiting: https://dceocovid19resources.com/restore-illinois/rest	llinois Meeting and Social E	vent Guidelines for assistance b
Will you require face coverings? This is a mandatory require	rement.	Yes □ No
Will you ask all travel participants if they are exhibitin Please visit the Restore Illinois Meeting and Event Guidelines Checked deeocovid19resources.com/assets/Restore-Illinois/checklists4/2	elist for Wellness Screenings for a	□ Yes □ No questions to ask: https://
Do you have appropriate PPE in place to travel to the of PPE refers to personal protective equipment and includes masks, hand	C V CIII.	Yes □ No or spray.
What measures will you take to ensure proper cleaning destination? What precautions will be taken by the even	~ <u>-</u>	
How will you ensure your travel participants adhere to events? Please note considerations for limiting congreg	gation of people and move	e
event. All participants MUST wear a mask while traveli	ing in a vehicle.	
Please provide any additional event details we need to	know:	
☐ By checking this box, travel sponsor agrees to keep this list, to appropriate campus personnel	an accurate record of trav	vel attendees and will provid
Travel Sponsor Signature/Date	Vice Chancellor or Provost (Recommended to proceed	0
Dean/Director/Date	Chief of Police Signature/I	Date

(Recommended to proceed)

During this time, SIU Carbondale is exercising the utmost caution to ensure the health and well-being of our students,