FORM FOR ESSENTIAL TRAVEL APPROVAL

Official business travel during the COVID-19 Pandemic must be pre-approved by the traveler’s supervisor or unit head and Vice Chancellor. Travel arrangements should be made through the Concur Travel System, and registered with UC Travel Insurance.

Academic Personnel should follow the process available at https://aps.ucsd.edu/faculty-resources/covid-19/travel-preapproval.html; students and non-academic staff should complete this form, and obtain approval from their supervisor/unit head and Vice Chancellor.

Official travel must be categorized as ESSENTIAL for business operations.

ESSENTIAL TRAVEL is both mission critical to the unit AND enables activity that is impossible to conduct without travel.

Those requesting approval to travel must articulate the essential nature of the planned travel and the reason why this travel cannot be delayed.

Travelers should consult the Travel During COVID-19 Information Hub available at https://blink.ucsd.edu/travel/before/index.html to identify the safety requirements and restrictions in place in the location to which they plan travel.

Those engaging in Official University Travel must be prepared to work remotely and/or self-isolate upon their return to San Diego, as may be required by either County of San Diego or campus policy in effect at that time.

Name/email of Traveler: _______________________________________________________
Department of Traveler: _______________________________________________________
Department Head (Name/email): ________________________________________________
Travel Destination: ___________________________________________________________
Travel Dates: departure: ___________________ return: ____________________________
Please explain why this travel is mission-critical to the unit: ________________________
_______________________________________________________________ ____________
Please explain why the activities to be conducted cannot be conducted without travel (through Zoom, teleconferencing, or using personnel local to the destination):
Please explain why the travel cannot be delayed:

____ I agree to work remotely and/or self-isolate upon my return from travel if required to do so by County or Campus policy.
____ I will take appropriate health precautions against infection while traveling, including wearing a face covering, frequent hand washing, and practicing social distancing from others.

Signature of Traveler: ___________________________ Date: ________________

Travel Sponsor/Unit Head/Supervisor Approval:

_________________________ Date: ________________
Name: _______________________
Title: ________________________

Vice Chancellor Approval:

_________________________ Date: ________________
Name: _______________________
Title: ________________________

Once completed, please attach this form to the Concur Travel Requisition

REVISION HISTORY

10/21/2020 New policy.
11/13/2020 Minor technical edits to update policy hyperlinks.