College of Agricultural Sciences’ Covid 19 Travel Exception Request (routes to AMBC)

Name and phone number of person submitting this request:
Traveler name and status (faculty, staff, graduate student, etc.):
Name(s) and status of additional travelers:
Dates of travel:
Mode of travel:
  _ Single employee in vehicle
  _ Multiple employees in one vehicle
  _ Other (please specify):
Destination(s):
Purpose of travel:
Briefly describe what makes this travel essential (e.g., can't be delayed or accomplished remotely, will disrupt research or university programs, etc.):
Please describe how you plan to mitigate the risk of Covid 19 transmission:

Unit head approval: _____________________
CAS Deans Approval: _____________________
CC: Travel_COVID19_AMBC

Submission instructions:
Send an envelope via DocuSign with a title of (city) (date mmdd of return) (unit) and (traveler name) such as Portland 0315 BPP Smith and the following routing:
1 Unit head name Needs to Sign
2 CAS Deans Approval signing group Needs to Sign
3 Travel_COVID19_AMBC signing group CC Receives a copy

Form version 3/19