



CEAT Travel Form - Exemption Request for Essential Research and Extension During COVID-19 Travel Suspension	Procedures CCB-001 Effective Date:
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General Information

Faculty*/Staff Name: _____

Title: _____

Department: _____

Email: _____

*Faculty must submit requests on behalf of their graduate students and post-docs.

Trip Information

Research/Extension Description: _____

Justification for Essential Status: _____

Account Number for Travel Voucher (if relevant): _____

Destination(s): _____

Departure Date and Time: _____

Return Date and Time: _____

Frequency (for projects requiring multiple trips): _____

Overnight Stay Required? If yes, please explain. _____

Transportation Mode: Personal Vehicle ____ State Vehicle ____ Air ____



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Trip Participants (list yourself if you are traveling)

Name and Title: _____

Name and Title: _____

Name and Title: _____

Name and Title: _____

Social Distancing and Preventive Measures

How will social distancing requirements be met during travel and while at sites?

What preventive measures will be implemented during travel and while at sites?

All personnel are required to comply with CEAT and OSU health and hygiene procedures during off-campus business operations.

Required Signatures

After approving, Department Heads should submit the completed form to either the CEAT ADR or CEAT ADEE for approval. Once approved, the CEAT ADR or CEAT ADEE should forward to CEAT Financial.

Unit/Department Head: _____ Date: _____

CEAT Dean (or designated approver): _____ Date: _____

Date approved by the CEAT COVID-19 Incident Management Team (IMT) Chief of the Planning Section and IMT Head: 6/18/20