



**CEAT Travel Form - Exemption Request  
for Essential Research and Extension  
During COVID-19 Travel Suspension**

**Procedures CCB-001  
Effective Date: 7/28/20**

**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: \_\_\_\_\_

VP of Research (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

*Date approved by the CEAT COVID-19 Incident Management Team (IMT) Chief of the Planning Section and IMT Head: 6/18/20, Revised 7/28/20*