# Form 9A – Employee Travel Checklist & Approval – Day Trip (Policy 4000-5-11)

## Trip Details

This checklist and approval request must be completed, signed and submitted to the employee’s Dean/Director when seeking approval for international day trip travel. This form must be completed appropriately and submitted when seeking approval.

|  |  |
| --- | --- |
| Trip Name/Destination: |  |
| Travel Period: |  |

International Travel Policy: The College administrator approving international travel by a group of students must consider and ensure that the purpose of the trip is justifiable and consistent with College purposes and goals, business plans, etc.

### Purpose of the Trip

|  |  |  |
| --- | --- | --- |
| Items | Description provided by traveller | Administration Approval |
| Purpose of the Trip |  |  |
| College goals addressed by the trip |  |  |

### Employee Statement & Approval

I am aware of and capable of meeting and completing the responsibilities of a travelling employee.

I have read the requirements of a travelling employee as set down in the International Travel Policy. I will fulfill these requirements.

Employee Name:

Signature:

## Trip Costs

### Cost to College

#### Direct Costs – costs requiring a direct financial outlay by College.

|  |  |
| --- | --- |
| Item | Cost |
| Travel (airfare, train, taxis, etc) |  |
| Meals |  |
| Travel Incidentals |  |
| Costs of replacements |  |
| Other Direct Costs |  |
| TOTAL DIRECT COSTS |  |

#### Indirect Costs – Refers to SWF time outside of, or in addition to, the actual travel time (e.g. travel planning time – calculate as (SWF page two hr/wk x 15 x $60/hr)

|  |  |
| --- | --- |
| Item | Cost |
| SWF time allocated (at perforated hourly rate) |  |
| TOTAL DIRECT COSTS |  |
| TOTAL DIRECT COSTS TO THE COLLEGE/STUDENT TRAVELLER | Total Direct Costs / # of Student Travellers |  |

## Health & Safety Measures

All reasonable considerations and steps have been and will be taken to ensure the health and safety of the trip participants.

Sufficient and appropriate completion of the checklist is required for trip approval.

## Travelling Employee’s Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Planned | N/A | Completed |
| I have out-of-country medical insurance that contains a medical evacuation provision and covers medical expenses over and above what is covered by my government health plan (select the applicable statements below):* I am covered by the college insurance plan
* I have obtained coverage through a third party insurer
 |  |  |  |
| I understand all relevant college policies continue to apply to me during this travel. |  |  |  |
| I have completed all travel arrangements, and have provided my supervisor with my itinerary, including contact information. |  |  |  |
| I have provided my emergency contact information to my supervisor. |  |  |  |
| I have fully completed and submitted all documentation required by the college. |  |  |  |
| I am aware of and meet all government requirements for travel to the USA. |  |  |  |
| I have a valid passport that does not expire within 6 months. |  |  |  |
| I have acquired any visas required for this trip. |  |  |  |
| I am aware of the college requirements for the completion and submission of expense statements with supporting receipts on my return. |  |  |  |

## Checklist Approvals

|  |  |
| --- | --- |
| Administration’s Initials | Checklist Completion Status |
|  | The checklist is satisfactorily complete |
|  | The checklist is NOT satisfactorily complete |

## Approval for Continued Planning & Departure

This trip is fully approved and may be undertaken.

Name: Title:

Signature: Date: