# Form 9 – Employee Travel Checklist & Approval (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 travel. This form must be completed appropriately and submitted when seeking each successive level of 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 have ready and I understand 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 |
| Registration or other fees |  |
| Hotel & Other Accommodations |  |
| Travel (airfare, train, taxis, etc) |  |
| Meals |  |
| Travel Incidentals |  |
| Immunizations |  |
| 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.

The current travel advisory for the destination country issued by the Government of Canada (Foreign Affairs & International Trade Canada) is currently in the following zone:

|  |  |  |  |
| --- | --- | --- | --- |
| Check One | Advisory | College Action | Administrator Acknowledgement |
|  | Exercise Normal Security Precautions |  |  |
|  | Exercise a High Degree of Caution | Caution should be exercised. Administrator initials required. |  |
|  | Avoid Non-Essential Travel | Default decision is to deny travel. Administrator initials required. |  |
|  | Avoid All Travel | Default decision is to deny travel. Administrator initials required. |  |

## Travelling Employee’s Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Item | Planned | N/A | Completed |
| My state of health and fitness permits me to participate fully in this travel and any associated activities without risking or jeopardizing my well-being or the uninterrupted continuity of the travel and activities. |  |  |  |
| I have obtained travel/cancellation insurance. |  |  |  |
| 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 have completed all immunizations required for this trip. |  |  |  |
| I am aware of and have considered the recommendation to consult with a health care provider or advisor regarding medical or health preparation for this trip. |  |  |  |
| I have acquired personal medications sufficient for the duration of this trip. |  |  |  |
| I understand all relevant college policies continue to apply to me during this travel. |  |  |  |
| I have completed all travel and accommodation arrangements, and have provided my supervisor with my detailed 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, from and within the countries involved in this travel. |  |  |  |
| I have a valid passport that does not expire within 6 months of the return date of this trip. |  |  |  |
| I have acquired any visas required for this trip. |  |  |  |
| I have read and understand the Safe Travel Checklist. |  |  |  |
| I have registered at the Canadian Embassy for the destination countr(ies). |  |  |  |
| 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 travel is approved for operational planning purposes. No financial commitment by the college or students is approved.

Name: Title:

Signature: Date:

This trip is approved for the financial commitment of the college and the traveller, and the engagement of suppliers, agents, and travel associates.

Name: Title:

Signature: Date:

This trip is fully approved and may be undertaken.

Name: Title:

Signature: Date: