

Travel Approval & Safety Plan

This form should be completed prior to travel per Sonoma State travel guidelines established on June 1, 2021. A Travel Safety Plan must be submitted to the Appropriate Administrator/Dean/Director and to Risk Management and Safety Services (RMSS) for all international travel, out of state travel, or to any locality within California that has been defined by state or local public health authorities as experiencing an outbreak or other definition of higher risk of COVID-19 transmission.

State law restricts travel to a number of states. Please [check the list of affected states](#) to ensure that your destination is not affected by the ban.

Directions: Please complete the information below related to traveling on university business. Please complete one form for each travel event. Form may not be used for multiple travelers. Submit the form to your AA/Dean/Director for approval and they will forward it to RMSS (risk@sonoma.edu). RMSS will send the completed form back to you.

Traveler Information

Employee Name	
Position Title	
Department	
Appropriate Administrator/Dean	

Travel Information

Dates of Travel	
Destination(s)	
Additional Destinations (layovers, intermediate stops)	
Purpose of Travel	
Mode of Travel (air, private vehicle, rental vehicle, state vehicle, other)	
Type of Lodging	

Check this box if using public transportation as a mode of transportation during travel:

I acknowledge that face coverings are required for all public air travel and that state/local governments may have additional requirements for face coverings when using public transportation and I agree to abide by any such requirements.

For Travel in California

Is the destination currently under any travel advisories or restrictions or has the region currently been recognized by local or state public health officials as experiencing an outbreak of COVID-19? Please indicate yes or no and add any additional information.

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For Travel Outside California

Is the destination currently under any travel advisories or restrictions or has the region currently been recognized by local or state public health officials as experiencing an outbreak of COVID-19? **Please indicate yes or no and add any additional information.**

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Are there requirements of local or state public health officials related to any of the following?

Use of facial coverings indoors	
Use of facial coverings outdoors	
Restrictions on indoor dining	
Restrictions on non-essential travel	
Quarantine or testing requirements	

Questions about the information above or for specific event questions, contact risk@sonoma.edu

I agree to abide by the above requirements outlined. I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist. Additionally, I agree to report any potential or possible COVID exposure to the [COVID Monitoring Team](#) as soon as I become aware of such information.

EMPLOYEE SIGNATURE: _____ **Date:** _____

APPROPRIATE ADMINSTRATOR/DEAN/DIRECTOR:

RISK MANAGEMENT:

Print Name

Date

Signature

Print Name

Date

Signature