

Approval for Travel

If you need to travel for University business, complete this form and submit to your Supervisor. Requests must be made in advance and approved by the Supervisor prior to travel dates.

Name: _____

Title: _____

Department: _____

Supervisor: _____

Travel Dates: _____ to _____

Purpose of Travel:

Business (explanation of reason for travel)

Personal (explanation of reason for travel)

Will overnight stay be required for business travel: Yes No

Employee Signature:

Date:

Supervisor: Approved Denied

Supervisor Signature:

Date:

As per the University Travel Policy, you will be required to quarantine for 14 days after arriving back in New England.