

In response to COVID-19, UW-Madison has initiated an Interim Essential Travel Exemption Request form required for authorizing ground travel outside the State of Wisconsin or air travel for UW-Madison sponsored business, effective immediately and continuing until further notice

To comply with the procedure, travelers should complete this form to approve essential travel during this interim period. After completing the form and obtaining the required approvals as indicated below, please send the form to Dan Langer at dan.langer@wisc.edu. If approved, Dan Langer will email the completed form to you and that is your authorization to reserve essential travel. Please submit a copy of the form with any Travel Expense Report for audit purposes.

PLEASE TYPE INFORMATION IN THE FOLLOWING FIELDS. DO NOT USE HANDWRITING

TRAVELER'S NAME:		SELECT ONE: <input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER		
DEPARTMENT:		CONTACT NAME/EMAIL/PHONE:		
EVENT NAME/TITLE:		LOCATION DESTINATION: (City, State, Country, Venue)		
PURPOSE OF TRIP/EXPLANATION:				
DEPARTURE DATE:		RETURN DATE:	OTHER UW EMPLOYEES:	
ESTIMATED COST:		FUNDING LIMITED TO:		
Allocated	Fund	Department	Program	Project/Grant
Is this travel essential for you to perform your duties?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a conference presenter or panelist?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could the business be accomplished through other means (e.g. videoconference)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could this trip be postponed or canceled?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Essential travel is defined by UW-Madison as travel for purposes of the interim guidance, essential travel is defined as supporting activities that support, further, or execute research or clinical operations specific to human health and medical outcomes, cannot be rescheduled, and must be done in person. Please describe why your travel qualifies as essential travel.

AFTER COMPLETING THE TOP SECTION, PRINT OUT AND ROUTE FOR SIGNATURE APPROVAL

Signature of Traveler

Print Name

Date

I have reviewed this request and recommend that it be approved

Signature of (Manager/PI)

Print Name

Date

Signature of (Department Chair/Director/Supervisor)

Print Name

Date

Signature of (Associate Dean/Dean/VC)

Print Name

Date

Keep a copy for your records. Attach this completed form in an email to the Travel Incorporated agent who is booking your trip.