



Request for COVID-19 travel

Traveler's Name: _____ **Access / User ID:** _____

Title: _____ **Dept/Institute:** _____

Trip Name: _____ **Phone #:** _____

Additional Travelers Names: _____

Itinerary:

Location	Date	Location	Date

Travel Requirements:

Completed

Carefully reviewed the Pennsylvania Department of Health guidance ?	
Researched the restrictions imposed in the area(s) to which they are traveling and ensured compliance with the restrictions?	
Visited http://psu.edu/virusinfo for the latest COVID-19 news and updates from the University?	
Reviewed Penn State's travel guidance domestic and international travel?	
If driving through the PA Spotted Lanternfly Quarantine Zone , have taken the required EHS Spotted Lanternfly Online Training on Penn State's Learning Resource Network and taken precautions to ensure that you are not carrying the Spotted Lanternfly within your vehicle, clothing, personal belongings or any other items that you may be transporting?	
Travel funding has been approved by the appropriate department or institute?	

Why is the travel essential, and why can work not be done remotely? (Any Additional Notes)

Traveler's signature

Date

Department Head / Institute Director Name

Department Head / Institute Director Signature

Date

Associate Dean Name

Associate Dean Signature

Date