

In response to COVID-19, UW-Madison has initiated an Interim Essential Travel Exemption Request form required for authorizing any overnight 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:		FROM/TO LOCATION AND DESTINATION (City, State, Country):		
PURPOSE OF TRIP/EXPLANATION:				
DEPARTURE DATE:		RETURN DATE:		OTHER UW EMPLOYEES OR COMPANIONS
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
What is the mode of transportation (Ground or Air)?			<input type="checkbox"/> Air	<input type="checkbox"/> Ground
Does the travel involve an overnight stay?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Could the business be accomplished through other means (e.g. video conference)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Essential activities are those that: support, further or execute the organization's mission; cannot be rescheduled effectively; will result in the loss of significant external financial grant or award if not executed; and/or are not available and cannot be accomplished online or by other alternative means. Please describe what research or other activities you plan to perform, how they meet this definition, and why it is essential for you to travel to perform the work at this time?

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

Signature of Traveler	Print Name	Date
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I have reviewed this request and recommend that it be approved

Signature of (Manager/PI)	Print Name	Date
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Signature of (Department Chair/Director/Supervisor)	Print Name	Date
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Signature of (Associate Dean/Dean/VC)	Print Name	Date
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Keep a copy for your records. Attach this completed form in an email to the Travel Incorporated agent who is booking your trip.