



## Request to Travel In-state For UMaine Extension Staff

***Please complete this form and submit it for approval to your immediate supervisor. Following their approval, it will be submitted to the appropriate Program Administrator or Dean for their review and approval.***

Extension Staff Member Name (*person traveling*)

Starting Point for traveler (*physical address with number, road, town in Maine*)

Destination (*name of business, contact person, physical address with number, road, town in Maine*)

Date of planned travel (*DD/MM/YR*)

Purpose of planned travel (*justification in 200 words or less*). *In-state travel will only be permitted if all other options are not feasible.*

I agree to travel solely (no other persons in the vehicle).

I agree to use all protective measures in interacting with the client(s)—proper distancing from people—6 feet, no physical interaction, proper use of PPE (gloves, face mask, footwear), and disinfecting of footwear when necessary.

I will use proper sanitation of my hands and clothing following the visit.

Traveler's signature

Supervisor's name

Supervisor's signature

Program Administrator's name

Program Administrator's signature