

Required CSUN Psychology Student Travel Forms

All student planning to travel to a conference, or a training event that is related to or part of the CSUN education experience must complete the following forms and submit them to arely.sanchez@csun.edu **at least 4 weeks prior to traveling** (*if not submitted within this time frame, you run the risk of your request being denied*). These forms must be completed even if you are not receiving any financial support for the travel from CSUN.

Check list for required forms:

- Travel Request Form + Conference Documents
 - PDF version of the conference, dates and location ("print" into PDF document this information from the conference website)
 - Copy of acceptance of presentation from the conference (if you have it)
- If flying, must complete Student Air Travel form

OR

- If driving, must complete:
 - 1) Car Travel Voluntary Participation Notice form
 - 2) Employer Pull Notice (EPN)
 - Include: Copy of Driver's License
 - Include: Copy of Auto Insurance Coverage
 - 3) Complete Driver Safety training-- Login: [CSU Campus Login Selector](#) and when logged in,click on the following link: [Registration/Login Form](#)
- Academic Field Trip Waiver
- Academic Field Trip Participant List

Once you have completed the forms electronically and attached the needed documents:

- 1) Submit everything to Arely Sanchez **via email** (arely.sanchez@csun.edu). For any questions please stop by SH-376.
- 2) You can then explore the different funding options at: [Student Travel | California State University, Northridge](#)



APPROVAL OF TRAVEL REQUEST

TRAVEL INFORMATION:

TRAVELER'S NAME: _____ CSUN ID: _____ MAIL CODE: _____ REQUISITION NO: _____
TRAVEL ARRANGER: _____ EXT: _____ DEPARTMENT NAME: _____
DESTINATION: _____ CONFERENCE/AGENCY: _____

TRAVEL ITINERARY: LEAVING DATE: _____ RETURN DATE: _____

			ESTIMATE OF COSTS	AP/TRAVEL DEPARTMENT USE ONLY
AIRFARE	Plaza	Other	\$ _____	_____
** HOTEL	\$ _____ <i>per night, excluding taxes.</i>		\$ _____	_____
REGISTRATION			\$ _____	_____
MEAL ALLOWANCE			\$ _____	_____
GROUND TRANSPORTATION (Taxi, Shuttle, Train)			\$ _____	_____
INT'L TRAVEL INSURANCE			\$ _____	_____
CAR RENTAL	Plaza	Other	\$ _____	_____
PRIVATE CAR MILEAGE (Includes Parking)			\$ _____	_____
OTHER BUSINESS EXPENSES			\$ _____	_____
TOTAL TRAVEL EXPENSE			\$ _____	_____

REQUIRED CHARTFIELDS:

ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ EXP LIMIT \$ _____
ACCOUNT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ EXP LIMIT \$ _____

Traveler Signature: _____ **Date:** _____

Chair/Supervisor Signature: _____ **Print Name:** _____ **Date:** _____

Financial Approver: _____ **Print Name:** _____ **Date:** _____

Dean/Director: _____ **Print Name:** _____ **Date:** _____

INTERNATIONAL TRAVEL APPROVAL:

Provost/VP Signature: _____ **Print Name:** _____ **Date:** _____

HIGH HAZARDOUS TRAVEL APPROVAL:

President Signature: _____ **Print Name:** _____ **Date:** _____

****Hotel rates exceeding \$333 per night, excluding taxes, must be approved prior to travel by the division VP or approved VP Designee. Justification must include an explanation of the necessity to stay within certain facilities (e.g. near or adjacent to meeting or other activities for which travel was approved).**

VP OR APPROVED VP DESIGNEE APPROVAL FOR HOTEL RATE EXCEEDING \$333 PER NIGHT, EXCLUDING TAXES:

Print Name: _____ **Signature:** _____ **Date:** _____

([Reference Executive Order 1041](#))

Dear _____

You are participating in a California State University-affiliated program, which requires air travel and/or ground transportation.

Air and ground travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for any damage, injury or death which may occur during air travel required by the California State University-affiliated programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking California State University-affiliated air or ground travel, you will be required to sign a "[Student Air Travel Informed Consent](#)" statement. Please review the statement carefully before signing it.

Signature of President/Chancellor or Designee: _____

Please print name of signatory: _____

Please print title of signatory: _____

Date: _____

*Note: Student must submit provide a valid driver's license + proof of auto insurance



Office of EHS & Risk

Student Authorization to Operate Privately Owned Vehicle for any University-Affiliated Program or Trip

NAME: _____ Student ID: _____
Last First MI

Course/Organization: _____ Program/ Activity: _____

Destination: _____
(Location of Activity)

Departure Date & Time: _____ Return Date & Time: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Vehicle License #: _____ Make: _____ Model: _____

Name of Vehicle's Registered Owner: _____

Insurance Provider: _____ Policy #: _____

Passengers traveling in vehicle:

- 1. _____ 2. _____
- 3. _____ 4. _____

I. Certification

I hereby certify that, whenever I drive a privately owned vehicle to or from a University-affiliated event, I will have a valid driver's license in my possession, all persons in the vehicle will wear safety belts, and the vehicles shall always be:

- 1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage).
- 2. Equipped with safety belts in operation conditions.
- 3. To the best of my knowledge, the vehicle is in safe mechanical condition as required by law and adequate for the work to be performed.

I further certify that I have no outstanding traffic warrants.

I further certify that while using a privately owned vehicle on University-affiliated business, I will report all accidents to CSUN's Office of Insurance & Risk Management (677-2079) and form Std. 270 will be completed and filed within 48 hours of the accident.

I understand that in the case of an accident my personal vehicle insurance will be the primary coverage.

II. Approval

Proof of insurance has been verified and use of a privately owned vehicle on State business is approved.

Signature and Title

Date



DEPARTMENT OF POLICE SERVICES

Employer Pull Notice Program (EPN)

(As Administered by the California State University, Northridge Department of Police Services)



ENROLLMENT FORM/APPLICATION TO OPERATE STATE VEHICLE & DMV RECORD RELEASE

Employees are required to operate motorized vehicles on University/State business are required to be safe drivers and operate vehicles in a safe manner. This is your request to operate vehicles on University business. You must have your supervisor’s permission to operate any vehicle on University business. If your position requires that you operate vehicles on University business, then your continued employment may be contingent upon satisfying each of the following.

BEFORE OPERATING A VEHICLE ON UNIVERSITY/STATE BUSINESS, YOU MUST FIRST:

1. Possess and maintain a valid CA State Driver’s License (foreign licenses are not permitted). The driver’s license must be appropriate for the job and vehicles to be operated, (i.e. , class A, B, C)
2. Not have received more than three moving violations and/or accidents or combination thereof in the past 12-month period (in accordance with the [CSU Vehicle Use Policy](#)).
3. Complete the CSU approved Defensive Driving Course. Classroom training & online training are available by calling the Environmental Health & Safety Office at x2401. Completion of the DDC is required every 4 years.
4. Enroll in the University’s Department of Motor Vehicles Employer Notice Program.
5. Have and maintain a good and safe driving record.

IN ORDER TO OPERATE VEHICLES ON UNIVERSITY BUSINESS, YOU MUST MAINTAIN A GOOD AND SAFE DRIVING RECORD. THE DMV WILL PROVIDE THE UNIVERSITY WITH PERIODIC UPDATES OF YOUR DRIVING RECORD. TO INITIATE THE ENROLLMENT PROCESS, PLEASE PROVIDE THE FOLLOWING:

Print Name: _____
(First) (Middle) (Last)

CA Driver’s License #: _____ **Class:** _____ **Expiration Date:** _____

Date of Birth: _____ **CSUN Employee ID:** _____ **Job Title:** _____ **Department:** _____

Are You A (Check One): State Employee Student Assistant Volunteer

Have your completed a state approved Defensive Driving Course within the last four (4) years? YES NO

Do you ever drive your private vehicle on state business? YES NO If YES, please complete the [“Authorization to Use Privately Owned Vehicles on State Business”](#) form. Original to be retained your Supervisor.

RELEASE

I understand that by signing this form I am enrolling in the DMV Employer Pull Notice Program. I understand and agree that I must possess and maintain a valid State Driver’s License in order to operate vehicles on University business. I further understand that if my job requires vehicle operation, that my continued employment may be contingent upon maintaining a valid State Driver’s License and a safe driving record. I hereby authorize the University to obtain my Driver’s License Information and review my DMV driving record for the purpose of verification of my right to drive a motor vehicle on State business. I further acknowledge and agree that my supervisor or manager may be provided information relative to my driving record. I hereby release and waive any claims that may be related to the use of this information with respect to my employment. I certify that I am in possession of a valid California Driver’s License. I certify that I have not been issued more than three (3) moving violations or have been involved in more than three (3) motor vehicle accidents, (or any combination of more than three thereof), during the past 12-month period.

EMPLOYEE SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

I authorize the above-named employee to drive a University vehicle in the course and scope of their employment with CSUN.

MANAGER/DEAN/DIRECTOR SIGNATURE: _____ **PRINT NAME:** _____ **DATE:** _____

*Send original copy to EPN Program Coordinator, Stephanie Gutierrez, Mail Drop 8282.
Department please retain a copy for your records.*

**Academic Field Trip Waiver of Liability and
Hold Harmless Agreement**

I, the undersigned participant, am requesting participation in the CSU, Northridge,

Name of department and college: _____

Activity: _____

that begins on: _____ and ends on: _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of The California State University, California State University, Northridge and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have been informed and understand there remains a risk of exposure to COVID-19. I understand that regardless of any precautions taken, an inherent risk of exposure to COVID-19 will exist.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Signature

Date

Print Participant's Name

Phone Number

Instructor's Print Name

Instructor's Signature

If Participant is under 18 years of age

I am the parent or legal conservator/guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Print Name of Minor Participant's Parent/Guardian

Date

Signature of Minor Participant's Parent/Guardian

Minor Participant's Name

Academic Field Trip Participant List

Academic Department: _____ College: _____

Academic Field Trip Descriptive Title: _____

Field Trip Begins: _____ Field Trip Ends: _____

Faculty/Staff Emergency Contact Person: _____

Phone: _____ Alt Phone: _____ Email: _____

Please print clearly

Participant's Name:	Emergency Contact's Name/Relationship:	Contact's Phone:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____

Please maintain this list for two (2) years in the Academic Department. Add a second page if necessary.