

COVID-19 DOMESTIC TRAVEL WAIVER REQUEST

Michigan State University has suspended non-essential domestic travel indefinitely. Waivers for this suspension will be considered for **essential domestic travel only**. Determination of proposed domestic travel as essential, in the context of both programming priority and financial considerations, is the responsibility of the relevant [Major Administrative Unit \(MAU\)](#) administrator¹.

The purpose of this domestic waiver application is for the traveler to explain why the travel is essential and to allow the MAU to review the proposed travel according to [MSU health and safety guidelines](#). Please complete this request for consideration of a waiver to travel domestically on university business **at least three weeks prior** to your intended travel.

Applications may be submitted for single trips or recurring travel (e.g., ongoing research requiring multiple daytrips, teaching appointments outside at MSU-affiliated locations outside of East Lansing).

Once completed and signed, attach to your Concur Request. Complete your Request and submit to your Departmental Approver for review and approval. **Requests will not be approved without a completed and approved waiver.**

Name of Traveler (or lead traveler for group)		Department/Unit
MAU	Email	Phone
Proposed Travel Dates	Travel Destinations	
Single Trip	Recurring, specify frequency: _____	

Anticipated Stopovers and Duration

Describe purpose of travel and why travel is essential:

Please include additional documentation if space is insufficient.

¹ The MAU Administrator may be the Dean / Associate Dean for faculty travelers or Head of Unit for staff travelers.

I certify that by signing and submitting this form, I am conveying an accurate representation of my need to conduct domestic travel.

Signature of Traveler

Date

SUPERVISOR APPROVAL OF ESSENTIAL NATURE

- if applicable -

Print Name: Supervisor

Date

Signature of Supervisor

REQUIRED APPROVAL OF ESSENTIAL NATURE

- required -

Print Name: MAU Administrator (Dean, Associate Dean, Unit Head)

Date

Signature of MAU Administrator (Dean, Associate Dean, Unit Head)