COVID 19 Travel Requests Texas A&M AgriLife Extension Service Submit weekly

Name:		litie:			
Date: Geographical area of responsibility:					
Why is this travel esse	ntial to TAMU's fulfil	Iment of its mission and	d objectives?		
What are the potentia	I consequences of po	ostponing your travel?			
	r consequences or pe	sockonning your craver.			
Documentation of pro while in route and on-		v to minimize the risk of	exposure to yours	elf and to others	
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	Location/Nearest		Other AgriLife personnel	Non-AgriLife personnel	
Purpose of Travel	town/County	Date(s) and Times*	involved	involved	

Continued from pre	Location/Nearest		Other AgriLife personnel	Non-AgriLife personnel
Purpose of Travel	town/County	Date(s) and Times*	involved	involved

^{*}Provide specific date and time i.e. 8-10 a.m..

For regularly planned site visits, the request needs to be submitted every week. For irregular site visits, requests should be submitted as they occur.

Send request to immediate supervising District Extension Administrator and/or Associate Department Head/Program Leader.