**FACULTY OF ENGINEERING
Acknowledgement for Tenure-track Academic Travel
(including travel for Sabbatical Leave)**

**Section A: General Travel (both within and outside Canada)**

The University is not requiring any member of the tenure-stream academic staff to travel at this point. Should tenure-stream academic staff themselves nevertheless elect to carry out domestic or international travel related to their academic duties, they will have to acknowledge that it is their choice to travel and that the University is not responsible should they encounter any difficulties, including an inability to return to Canada, because of the pandemic.

Granting agencies stand behind the Government of Canada Global Travel Advisories; therefore, expenses relating to quarantine or testing cannot be charged to research grants. It is the academic staff member’s personal responsibility to explicitly check before departure whether the policies governing the funds allow the reimbursement of these customary travel expenses.

**University funds cannot be used to cover any charges related to quarantine or testing costs abroad or when returning to Canada.**

Please refer to McGill University’s [*Framework for Exemptions to the Ban on University-sponsored Travel and Activities outside Montreal*](https://www.mcgill.ca/coronavirus/article/travel-and-mobility-update-coronavirus/framework-exemptions-ban-university-sponsored-travel-and-activities-outside-montreal) for more information.

By signing and submitting this form, I acknowledge my intention to travel and:

* I acknowledge that it is my choice to travel and that the University is not responsible should I encounter any difficulties, including an inability to return to Canada because of the pandemic.
* I acknowledge that before departure I will verify whether customary travel expenses will be allowable by the policies governing the funds to be used to reimburse the expenses.
* I acknowledge that University funds cannot be used to cover any charges related to quarantine or testing costs abroad or when returning to Canada.
* I acknowledge that any air travel must be arranged through McGill's official travel management company.

Location & Dates of Travel:

Name:

Department/School:

Signature:

Date:

**This completed form must be submitted to your Faculty Dean as per Section 3 of the Framework for Exemptions to the Ban on University-sponsored Travel and Activities outside Montreal.**

**Section B: Travel for Sabbatical Leave (outside Canada)**

To submit a request for travel exemptions for sabbatical leaves, complete Section A of this form in addition to completing Section B.

Please review *Section 3.1 Sabbatical leaves for academic staff* of McGill University’s [*Framework for Exemptions to the Ban on University-sponsored Travel and Activities outside Montreal*](https://www.mcgill.ca/coronavirus/article/travel-and-mobility-update-coronavirus/framework-exemptions-ban-university-sponsored-travel-and-activities-outside-montreal) for more information.

**NOTE**: All The tenure-track academic staff member must wait for approval from the Provost’s Office before proceeding with travel.

I) To be completed by **requestor** and submitted to Chair or Director

Name:

Date:

Department/School:

Email:

Phone:

Expected date of departure:

Expected date of return:

1. Describe the activity, including location, travel conditions if any, and the nature of the activity:
2. Describe the avenues explored for a substitute activity and why they are not suitable:
3. Describe additional measures that would be taken to make the activity safe despite the ongoing pandemic, including:
	* a description of the pandemic situation and measures taken by local health authorities at that requested location, citing appropriate reliable sources of information (national government, WHO, etc);
	* a description of the conditions under which the activity will take place, including conditions of hand washing, distancing, wearing of face coverings or PPE, and any situations where distancing would not be respected, and lodging conditions.
4. Describe insurance and health coverage during the activity:

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# II) To be completed by **Chair** or **Director** andsubmitted to Dean

**Chair / Director Approval**

Name:

Chair/Director supports this request and recommends this travel/activity for Dean review:

 Yes

 No

Additional Comments:

Signature of Chair/Director:

Date:

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III) To be completed by **Dean** and submitted to Provost

**Dean Approval**

Name:

Dean supports this request and recommends this travel/activity for Provost review:

 Yes

 No

Additional Comments:

Signature of Dean:

Date: