MSJC
Mt. San Jacinto College

MT. SAN JACINTO COMMUNITY COLLEGE DISTRICT
Student/Adult Field Trip Request Form

Directions: Complete the form in its entirety, obtain signatures, and submit to Risk Management for approval at least 1 month prior to the trip. **Important note: Overnight trips require Executive Cabinet approval in addition to Risk Management approval and must be submitted at least 1 month prior to the trip.** Travel may require supplemental Concur request if traveling outside District boundaries or travel with reimbursement costs (excluding mileage).

Type of Field Trip (check one):

Single Day Trips	Multi-Day Trips
❑ One Day – School Day (within boundaries)	❑ Overnight Trip (# of nights _____)
❑ One Day – Non-School Day (within boundaries)	❑ Out of State Trip (# of nights _____)
❑ One Day – School Day (outside boundaries)	❑ Trip to Foreign Country (# of nights _____)
❑ One Day – Non-School Day (outside boundaries)	

Trip Details

Activity/Excursion/Event Title: _____

Destination Name: _____

Destination City/State: _____

Departure Date: _____   **Return Date:** _____

Departure Time (approx.): _____ AM/PM   **Return Time** (approx.): _____ AM/PM

Purpose of trip
(Educational Benefit): _____

Name of Class/Club: _____

Employee in Charge: _____ Cell #: _____

Other Employees on Trip: _____

Emergency Information

Closest Hospital / Emergency Room: _____

Transportation (check one)

❑ **District Vehicle**   ❑ **Student and/or Employee driving their own vehicles**

Please review and acknowledge required items below and obtain signatures:

Required Items (check):

❑ **I certify that I will provide a Personal Vehicle Use form for each employee driving their own vehicle.**

❑ **I certify that I will provide a list of participants (roster) and class handout for this trip.**

❑ **I certify that all student participants have completed the required student form/waiver. All forms will be kept on file in associated department for one year plus one day after the date of the field trip.**

❑ **I certify that I will submit Concur requests for all travel outside District boundaries and/or travel with reimbursement costs (excluding mileage).**

Faculty Member:_____ **Date:**_____

Approval Signatures:

Dean of Instruction/Student Svcs: _____ **Date:**_____

VP (Overnight requests only)**:** _____ **Date:**_____

Risk Management: _____ **Date:**_____

**Once complete, send required items above along with this request form to Risk Management at
RiskManagement@MSJC.edu according to the deadlines at the top of the form.**