

Pacific Union College

GUIDELINES FOR ACADEMIC OFF-CAMPUS ACTIVITIES

Please review the Field Trip Policy in the Academic Policies section of the Faculty Handbook. **In so far as possible, field trips should be requested within the first two weeks of the academic quarter.** While it is recognized that unforeseen field trip opportunities arise, advanced planning is strongly encouraged.

Please follow these procedures:

1. Fill out the Academic Off-campus Activity Request Form completely and have it approved and signed by your department Chair. Be sure to attach a list of students who will be participating in the event. Also, include a list of all drivers. This list will be forwarded to the Office of Budget and Fiscal Services in Financial Administration for driver clearance.
2. To use a college vehicle: *The clearance process for driving college-owned vehicles* includes submitting the following: 1.) a valid driver's license, 2.) a current copy of the DMV driving record. It is the responsibility of the driver to obtain and submit the driving record, a process that can take up to three weeks. The driver is also responsible for the DMV fee that is levied.

NOTE: Drivers of college-owned vehicles must be at least 21 years of age.

Reservations for college-owned vehicles are made through Plant Services (ext. 7150). A cleared driver may arrange to collect and return the keys through the same office.

3. To use private vehicles: Any faculty member, staff member, or student who drives his or her personal vehicle for a trip where transportation is organized by the college must also have clearance. *The clearance process for driving private vehicles* includes submitting the following: 1.) a valid driver's license, 2.) proof of insurance and current registration.
4. **If the faculty sponsor of a trip is not involved in organizing or delegating someone to organize transportation, driver clearance is not required.** Members of the class should simply be told where the event is taking place and that they are responsible for their own transportation. A participant list should still be attached to the request form.
5. Plan your trip with safety considerations in mind.
6. Submit the Academic Off-Campus Activity Request Form to the Associate Academic Dean.

Academic Off-campus Activity Request Form

Directions: Read the guidelines printed on the reverse side of this page. Then, please complete this form in order to arrange for all academic off-campus activities. Submit the completed form to the **Associate Academic Dean**. Please note that a different form is used for club or student group activities. It is entitled, "College-Sponsored Student Activity Request Form," and is available from the Office of Student Services.

SECTION I – ACADEMIC ACTIVITY DESCRIPTION

Class number / Name _____ / _____

Sponsor(s) attending _____ Number in group _____
(Please attach participant list)

Destination _____

Purpose of trip _____

Trip is _____ Required _____ Optional _____
(A trip scheduled during dead week cannot be required.)

Departure information: _____ a.m. / p.m.
Day Date Time

Return information: _____ a.m. / p.m.
Day Date Time

SECTION II – TRAVEL DETAILS / DEPARTMENTAL AUTHORIZATION

**Please note: If you are driving a group or asking students to drive, all drivers must be cleared for insurance purposes through Financial Administration. If students are expected to provide their own transportation, no clearance is necessary.*

Indicate the number of vehicles on the line beside the vehicle type(s).

____ college van(s) ____ private car(s) ____ bus(es) ____ student(s) will provide own transportation

Name, address, phone number of bus charter: _____ Planned Route: _____

[_____] _____

[_____] _____

Round-trip mileage: _____ Driver(s): _____ *

Method of payment for transportation costs (if college account, indicate number): _____

Dept. Chair's Signature _____

*I have read "Arrangements for Field Trips" and "Field Trip Expense Policy" in the **Faculty Handbook** (III-5).*

Sponsor's Signature _____

SECTION III – ACTION TAKEN

Office Use Only

____ Approved ____ Not Approved Date submitted to Assoc. Academic Dean: _____

____ Associate Academic Dean's Signature Date sent to Insurance Department: _____
(if applicable)

***SECTION IV – INSURANCE CLEARANCE**

Office Use Only

____ Insurance checked ____ Vehicle registration checked ____ DMV record checked

____ Insurance Department Signature Date