



**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 2 weeks prior to the trip. **Important note: Overnight trips require Executive Cabinet approval in addition to Risk Management approval and must be submitted at least 4 weeks prior to the trip.**

Type of Field Trip (check one):

Single Day Trips

- One day – school Day
- One day – non-school day

Multi-day Trips

- Overnight Trip (# of nights ____)
- Out of State Trip (# of nights ____)
- Trip to Foreign Country (# of nights ____)

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 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.

Signatures:

Faculty Member: _____ **Date:** _____

Area Dean: _____ **Date:** _____

Risk Management: _____ **Date:** _____

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

VEHICLE REQUEST FORM

Mt. San Jacinto Community College District

(Instructions are provided on 2nd page)

To: MSJC Facilities M & O Dept. (SJC or MVC) Date: _____

From: _____ Ext: _____

Department: _____ Ext. _____

Please charge to: a) District _____ b) SGA/ Foundation _____ c) Grant (see below)

District Budget Code or other Account Number: _____ 5210

Approval: (Supervising Dean): _____ Date: _____

Destination: _____

Address: _____

City/ State/ Zip Code: _____ Phone #: _____

Purpose of trip: _____

Is this trip related to a grant? Please Circle YES or NO

If yes, please provide the name of the grant. The use of an MSJC vehicle(s) for any grant purpose or activity will be charged to the grant as mileage.

Grant Name: _____

Grant Account Code _____ 5210

Note: All vehicle requests that are grant related will not be processed or approved without an account code.

Number of passengers (including driver): _____

Provide names of passengers, including telephone numbers (Use separate cover if necessary):

Cargo to transport: _____

Departure campus: SJC MVC

Date of departure: _____ Time of departure: _____

Date of return: _____ Time of return: _____

Driver: _____ Cell phone number: _____

Note:

- Vehicles are for OFFICIAL BUSINESS ONLY.
- District owned vehicles are not allowed to be kept overnight at an employee's residence without prior authorization from departmental Vice President and the President/Superintendent.
- All vehicles are to be taken directly from the campus to the event and returned directly to the campus after the event. Under no circumstances are vehicles to be kept overnight at an employee's residence.
- Neither operator nor passengers are allowed to ride in a school vehicle if they have been drinking alcoholic beverages.

FOR OFFICE USE ONLY

Vehicle # _____ CC # _____ DL Exp: _____ DMV Points: _____ Report Date: _____

Vehicle # _____ CC # _____ DL Exp: _____ DMV Points: _____ Report Date: _____

VEHICLE REQUEST INSTRUCTIONS

1. Originator must complete all sections, with the exception of approval and office use section. Secure written approval from the Supervising Dean. No vehicle will be reserved for use until all information is provided. All incomplete requests will be returned to the originator without action.

2. Trip Information
 - a. Specify destination: name, address, and city.
 - b. Provide cell number for drivers and/or passengers to be reached in the event of an emergency.
 - c. Specify purpose of trip (i.e. workshop, meeting, field trip, etc.)
 - d. Provide a roster of all passengers, including driver. **Please note:** the request will not be processed without a roster attached and will be returned to requestor.
 - e. Specify any bulk cargo to be transported.
 - f. Specify date(s) and time(s) of planned departure and return.
 - g. Identify driver – MUST be a District Employee and approved prior to driving District Vehicle.
 - h. All vehicle requests that are grant related will not be processed or approved without an account code.
 - i. Keys must be picked up and signed for by the authorized driver only.

NOTE:

MSJC District Vehicle Policy #AP6530 requires that all District Employees that will be utilizing District Vehicles participate in the Department of Motor Vehicle Pull Notice Program and must have completed the online safe driving training session through the district's third party administrator. The requesting Department is responsible for all fees associated with Driving Record Information (printout). If the requester chooses to receive their printout via DMV Office the fee associated is \$5.00, if the requester utilizes the online option the fee is \$2.00. Fees are developed and managed by the DMV Office.

A \$25.00 cleaning fee will be charged to the using department for any vehicles that requires a special cleaning or for trash that has not been removed from vehicle.