



FLORIDA POLYTECHNIC
UNIVERSITY®

University Student Involved Travel Guide

Department of Risk Management

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1. Definitions

What Is An Academic Field Trip?

An Academic Field Trip is defined as a course-related activity that serves educational purposes and occurs outside of the classroom at a location other than on the campus at which the course is regularly taught. They are typically led by faculty as part of the course curriculum and required for class credit.

What is a Voluntary Field Trip?

A voluntary field trip is an Off-campus trip funded or sponsored by Florida Poly but not required for academic credit. Examples include, but are not limited to, travel by the following groups: athletic teams, student clubs and organizations; and voluntary trips during Spring Break, Summer, or other times throughout the year. These trips are typically coordinated and directed by a faculty or staff member(s) of the University who is/are designated as the Field Trip Leader(s).

Experiences That Are Not Academic Field Trips

Faculty may recommend students attend an Off-campus meeting, show or conference that would be an appropriate enhancement for curriculum but that students attend voluntarily. Students attend at their own expense and Florida Poly is not responsible for travel or supervision.

Experiences That Are Not Voluntary Field Trips

- Students attending Off-campus activities or social trips.
- Travel for study abroad programs.
- Travel made by individual students for their own pleasure or convenience, whether or not the student has been advised to undertake such travel by a Florida Poly employee(s) and the travel is not funded by the University nor has it been arranged by the University.
- Travel made by student groups that are not recognized University organizations.

University Employees are encouraged to contact the Department of Risk Management as early as possible in the planning stage for assistance in addressing potential risks and mitigation efforts to protect students, faculty, staff, and the University.

What is University Affiliated Independent Travel?

University Affiliated Independent Travel is an Off-campus trip funded or sponsored by Florida Poly but not required for academic credit and not accompanied by faculty, staff, or an agent of Florida Poly. Regardless of funding provided by Florida Poly or an outside entity, the travel must be reported via a Spend Authorization and approved for travel by the faculty advisor or department head must be acquired. If students are traveling for

personal reasons or not at the direction of the university, a spend authorization is not required. Students will work with the Administrative Assistant serving the department for which the travel is associated. Examples include, but are not limited to, students traveling as representatives of Florida Poly, a club, group, or university affiliated organization.

Students must also complete a Florida Poly Student Travel Code of Conduct & Waiver form.

What is a Field Trip Leader?

For this document, “Field Trip Leader” refers to any Florida Polytechnic university faculty or staff member who is planning, executing, or involved in coordinating University student travel outlined in the document. All trips should have a designated Field Trip Leader participating in the travel. In some circumstances, the faculty or staff member can designate a student as the Field Trip Leader.

Note: All travel must be reported in the form of a spend authorization at least 20 business days prior to the start of travel and all guidelines set by the Florida Polytechnic University Travel Manual must be followed. All field trips must also be reported to the Department of Risk Management, once approved by the Department or Division Head.

All travel expenses must follow all guidelines established by Procurement and outlined in the [Florida Polytechnic University Travel Manual](#).

2. Minimizing Risks and Liability

It is impossible to eliminate all risks associated with any event entirely. Additionally, we want to rely on insurance as needed, but not use it extensively or as our only risk strategy. Advanced planning can help minimize the exposures to Field Trip Leaders, students, and Florida Poly. The information provided in this document is to serve as a guide to assist faculty and staff in making a reasonable effort to ensure a safe experience for students participating in voluntary or academic field trips under their guidance.

For individuals or groups traveling internationally, please contact the Department of Risk Management to review opportunities for International Travel Insurance (Accident & Medical). Departments or travelers are responsible for the cost of travel insurance. Starting Fall 2024, all international travelers must purchase insurance coverage approved by the University.

Note: The Department of Risk Management is available for consultation regarding any planned travel or discussion around potential travel activities in associated risks.

3. Considerations When Planning

Minors Participation

Any trip involving minors requires an extra review of plans. Field Trip Leader(s) need to consider how they will maintain separate lodging areas for minors, acquiring parental consent, among any other aspects of the event impacted by participants being under the age of 18.

Destination Site and Activities

The Field Trip Leader(s) should be familiar with the site and share this knowledge with participants. Lodging premises and locations should be reasonably safe or written documentation should be provided highlighting associated risks.

The Field Trip Leader(s) should determine what skills are necessary for participation, what students should do to acquire those skills, how competency will be evaluated prior to the trip, and the overall accessibility of the trip. Keep in mind, students who have disabilities may not be excluded from the trip because of their disability, so accommodation may be needed. Field Trip Leaders may need to work with the Office of Disability Services regarding accommodation requests and the accessibility of the trip.

The number of field trip leader(s) for the trip should reflect the number of participants, and their competency level should be based upon the number of students and range of their skill levels. Orientation for field trip participants should include procedures for a “buddy system” and information on known risks as well as local cultural, custom and legal requirements.

Transportation

Determine your transportation needs in advance to allow time to make the necessary arrangements. Refrain from using your personal vehicles, if possible, as using a personal vehicle would result in any claims going through your personal auto insurance. Faculty and Staff are expected to use approved vendors for vehicle rentals. Faculty and Staff are also expected to make arrangements to use University owned vehicles in advance to ensure drivers are properly trained and approved, in addition, to making sure the vehicle is in safe, working order.

Set Trip Expectations

The Field Trip Leader(s) should provide the participants with an “orientation” prior to departure. The type of field trip will dictate the level of detail needed in the orientation, but both verbal and written communication is essential.

Orientation materials should include the following:

- Trip destination and purpose.
- Travel itinerary including route, rest and meal stops.
- Lodging information, if applicable.
- Transportation information.
- Appropriate documents, clothing and equipment needed for the trip, including protective gear, sunscreen and insect repellent.
- The established rules and protocols specific to the field trip.
- Any known unique hazards.
- Summary of activities and physical requirements students will encounter.
- Reminder to student to contact the Office of Disability Services regarding any requests for accommodations.
- Any known or unusual circumstances that would require advance preparation or equipment.
- Emergency planning and response protocols and procedures (accidents, theft, problems with staff or other participants, illness, weather delays)
 - Emergency & Contact information
 - Cell phones/buddy systems
 - Procedures for separation from group
 - General safety and personal security
 - Health and safety guidelines including any possible health hazards
- Reminder of insurance requirements (F/J visa types, if applicable)
- Reminder that all individuals should travel with proof of insurance on their persons
- Approved and restricted activities
- Any zero tolerance issues & behavioral expectations
- Consequences of student misconduct or threats to the safety of others
- College policies that will apply
- Outline any relevant expenses (e.g., meals “on your own”)

□ Emergency Planning

The type of field trip and location dictates the level of emergency planning needed. If located in a remote area, it is strongly recommended that at least two people on the trip have first aid skills, a first aid kit and a cell phone or appropriate means of communication in the event emergency aid is needed. Confirmation that cell phones will operate from the field trip site should be made in advance so that alternative arrangements (e.g., satellite phone) can be made if needed. Also determine a protocol

for circumstances that may necessitate the Field Trip Leader(s) leaving the group to accompany an injured or ill student.

Students should be reminded to carry ID and medical insurance cards. The Field Trip Leader(s) should carry emergency phone numbers to reach key contacts at Florida Poly and all participants' emergency contacts. All participants should know how find and use the first aid kit (if applicable), access a cell phone or other phone and what to do if separated from the group.

Trip Contingencies

Risk Management encourages Field Trip Leaders to consider alternative plans, though realizing not all contingencies are foreseen. Try to anticipate complications that could arise, and then develop contingency plans.

For example, what if a student needs to leave early because of a personal emergency? What if a student violates established rules or codes of conduct? What happens if there are weather or transportation delays or cancellations?

Understand any contract limitations or restrictions. Will the "unused portion" of pre-paid trip expenses be refundable? What resources are available for rescheduling?

Accessibility & Accommodations

If students going on the field trip have disabilities or special requirements that may need to be accommodated, then the Office of Disability Services (disabilityservices@floridapoly.edu) can assist with information and accommodation requests for students. Be sure to let all students know this is an option during trip planning.

Compliance with University Policies

Make sure all participants understand that University policies for faculty, staff and students apply to field trips regardless of the location. Instructional activities and settings should be consistent with University policies including, but not limited to, policies on alcohol and drug use, policies on harassment and sexual misconduct and the policy on hazing.

Field Trip Leaders are considered responsible employees under Title IX and need to be trained on those duties. Field Trip Leaders are mandatory reporters of all incidents of sexual discrimination (including sexual violence) and should be trained to handle

complaints of sexual assault, domestic violence, dating violence and stalking. This includes being attentive to the needs and rights of both victims and alleged perpetrators. For more information, please contact the Title IX Coordinator at titleixcoordinator@floridapoly.edu.

Field Trip Leaders are also designated as Campus Security Authorities (CSAs) under the Clery Act, and need to receive the same training as CSAs on campus. For more information, please contact the University Police Department (UPD) at police@floridapoly.edu.

Certificates of Insurance

If a location or organization requires a certificate of insurance for the University, please contact the Department of Risk Management at riskmanagement@floridapoly.edu.

Records and Documentation

Field Trip Leaders should consider the nature of the field trip and review documentation to ensure that language is clear and accurate when providing information to participants or preparing release statements. These are written records that should be obtained in advance of the field trip and easily accessible. We recommend that the Field Trip Leader have copies, as well as maintain a back-up record in the departmental office.

- **Trip Authorization.** Ensure documentation exists at the departmental level (Spend Authorization) indicating the trip is a university authorized program and retain a list of authorized attendees. The department should also have a copy of the itinerary and contact information.
- **Liability Waivers and Releases, in addition to Emergency Contact Information.** Once obtained, the Field Trip Leader should scan and email the forms to riskmanagement@floridapoly.edu. Please note, Field Trip Leaders should ensure they travel with emergency contact information for each individual participating.

Reimbursement for Expenses

For travel involving students, after which reimbursement will be paid for meals or other expenses, a pre-approved Spend Authorization must be in place. Field Trip Leaders may choose the reimbursement method most appropriate for their situation:

- **Option 1:** The Field Trip Leader may incur those expenses personally, having included them in their Spend Authorization for the trip and received prior approval for the expense, then provide required documentation for the Expense Report. For example, if the Field Trip Leader used their personal method of payment for breakfast for all 10 participants in an approved field trip or travel, the

Field Trip Leader could then submit their Expense Report to be reimbursed the set rate per person.

- **Option 2:** The Field Trip Leader or supporting administrative assistant/staff member may submit individual Spend Authorizations on behalf of each student. Upon completion of the travel, the individual who submitted the Spend Authorization may submit Expense Reports for each participant to receive reimbursement.

□ Questions to Consider

Have the staff participating completed any required training?

If driving a university vehicle, are they an approved driver?

Consider Title IX and Campus Security Authority training. Title IX is coordinated by the Title IX and ADA Coordinator. Campus Security Authority (Clery Act) information is provided by the University Police Department. Any official of the institution who has significant responsibility for student and campus activities must be familiar with the Campus Security Authority:

- Student Affairs
- Student Development Center
- Title IX Coordinator
- Registrar
- Residence Assistants
- Ombudsman Office
- Admissions Director

Have you spoken with the Office of General Counsel regarding appropriate waiver language?

- Please see appendix for sample Travel Code of Conduct Travel Waiver and Trip Liability Waiver. Direct any questions or concerns regarding the samples or the need for updated documents to the Office of General Counsel.

Have you secured any relevant written contracts?

- If working with a collaborating entity who is coordinating all or part of trip responsibilities, submit the contract via the University's approved process with Procurement.

4. Reporting Procedures & Emergency Protocol

Academic & Voluntary Field Trips

In the event of an emergency, Field Trip Leaders should attend to the injured and then determine what condition(s) or act(s) caused the injury or illness. The Field Trip Leader(s) should initiate any steps that are necessary to prevent similar incidents in the future.

Things to look for are the specific sequence of events that led to the emergency, the conditions that may have contributed to the emergency, and statements from eyewitnesses, if available.

University Affiliated Independent Travel

All travelers should always have proof of insurance on their persons. In the event of an emergency, independent travelers should attend to their injuries as needed. Once able to do so, the Independent Traveler should report the emergency to the appropriate department head or staff member for which the travel is affiliated and the Vice Provost for Student Affairs.

Reporting Requirement

As soon as possible, the supervisor or department head will begin the University's formal reporting process:

1. Supervisors or department heads are notified. If the individual(s) involved include non-employees (students), the Vice Provost for Student Affairs should be notified.
2. Supervisor and staff member (and any non-employees) complete the Accident/Incident/Injury Report form found on the Facility & Safety Services website. The forms are also included in the Appendix of this document.
 - a. Employee Report form
 - b. Non-Employee Report form
3. Supervisor sends the form to safetyservices@floridapoly.edu, riskmanagement@floridapoly.edu, and hr@floridapoly.edu for determination on next steps.
 - a. If the report leads to any university insurance claims, additional information will be requested. Individuals involved in the accident/incident/injury should retain all photos, notes, and information regarding the event.

NOTE: In lieu of submitting the PDF form, the Maxient form may be used and can be found at <https://cm.maxient.com/reporting.php?FloridaPoly>. Select "Accident or Injury Report" from the drop down menu.

5. Insurance Information

Once it is possible to document the incident, the following procedures apply for reporting claims:

Medical Claims

Faculty and Staff Work-Related Injuries and Illnesses (Workers' Compensation)

Faculty and staff who are part of sanctioned field trip experiences are considered to be working within the scope of their employment. If an injury occurs to an employee during the trip, employees are covered by Florida Poly's workers' compensation insurance policy as long as the accident or injury arises out of or during the course of their work activity.

Employees are responsible for notifying their supervisor of an injury or illness. The supervisor and employee are then responsible for completing the required documentation as outlined in the previous section of this document, within 24 hours, unless the accident resulted in a work-related fatality in which case it needs to be reported within 8 hours. Employees must also call AmeriSys at 800-455-2079 to report the workers' compensation claim. More information on that process is included in the Appendix of this document.

Incidents that are not reported may cause employees to be ineligible for future benefits related to this injury or illness. Please note: an employee cannot receive reimbursement for medical expenses from both a workers' compensation policy and a group medical plan.

Student Accidents or Injuries while Participating in a College Activity

The Field Trip Leader(s) should notify their supervisor of an injury or illness. The supervisor and employee are then responsible for completing the required documentation, as outlined in the previous section of this document, within 24 hours, unless the accident resulted in a work-related fatality in which case it needs to be reported within 8 hours.

This information is necessary in order to provide the Office of Facilities & Safety Services and Department of Risk Management with documentation that will assist the University in taking appropriate steps or corrective measures to eliminate hazards that may be connected with University activities or to help determine negligence on the part of the institution if required.

Students are responsible for their own medical insurance coverage for field trips just as they are while attending classes on campus. The student's medical insurance is considered primary.

Property Claims

All losses or damage to University property should be reported using the previously stated process. Please be advised - the use of personal property by employees or students while on a field trip is at your own risk. Florida Poly does not pay for loss, theft, or damage to personal property.

Vehicle Claims

Immediately Following Accident: This procedure applies to automobile accidents involving Florida Poly-owned vehicles.

1. Contact local law enforcement to report the accident. Tell 911 the vehicle involved is a state-owned vehicle.
2. If the accident occurs on campus, contact the University Police.
3. Document. Take lots of photos and videos of the accident and location, as long as you can safely do so.
4. The driver must notify their supervisor of the specifics related to the accident.
5. Provide the officer with the University auto policy number. Proof of insurance should be kept in each University-owned vehicle.
6. Do not accept responsibility for the accident on your behalf or that of the University.
7. Obtain a copy of the Driver Exchange of Information form.

If the vehicle is a rented vehicle, notify the rental company immediately. Failure to do so may void the terms of your rental contract, including any insurance coverage provided under the contract.

Reporting Requirement

Just as with any other accident/incident/injury reporting, accidents involving vehicles must also be reported. Contact your supervisor to begin the University's formal reporting process.

The Department of Risk Management will request the following documentation to be submitted within 3 days after the accident:

- Photos/videos taken.
- The supervisor may be asked to provide a written statement advising who was operating the vehicle and what job duties the driver was performing at the time of the accident, if this information is not in the initial report.
- Driver's Exchange Form
- Police Report

*All calls received from any private parties regarding an automobile accident are to be directed to the Risk Manager. Please do not provide any form of a statement.

International Health & Travel Insurance

Florida Poly considers the safety and security of its travelers a top priority. All faculty, students and staff traveling on a university-related trip outside of the United States **are required** to purchase the Florida Poly-approved international health and travel insurance. This comprehensive insurance ensures that travelers have affordable access to important medical and emergency support services while abroad such as doctor and hospital visits, travel assistance, security evacuation, emergency medical reunion, and more. While there may be affordable healthcare in-country, the additional support services provided in this insurance, as required by many schools nationwide, protect travelers for a variety of emergency and non-emergency events. A traveler's department is responsible for the cost of the coverage.

Questions regarding International Health & Travel Insurance should be directed to the Department of Risk Management.

6. Travel Checklist

- Develop plan, budget, and initial itinerary
- Survey the risks and consult the Department of Risk Management, if needed.
- Gauge student interest
- Submit Spend Authorization to gain approval
 - o All associated costs (registration, accommodations, vehicle, tolls, etc.)
 - o Itinerary
 - o Venue information (emergency contact, point of contact, etc.)
 - o Note: Do not upload completed waivers in this step. They should be collected BUT please refrain from sharing them via this step as they may contain sensitive information.
- Notify the Department of Risk Management of the travel upon Spend Authorization approval. Note: Risk Management is notified via the Spend Authorization process within WorkDay of any International Travel to ensure International Health & Travel Insurance is purchased.
- Finalize arrangements for travel, accommodation, etc. in accordance with the University Travel Manual.
 - o Arrange housing (family/home stay, same gender rooming preference, dorm, apartment, hotel, minors' consideration, etc.). Choose group safety over cost when making housing arrangements when options are available.
 - o Arrange for meals (if applicable)
 - o Arrange for Transportation (air, bus, public transportation, rental vehicle, college owned vehicle, personal vehicle)
 - The Department of Risk Management warns against students driving each other. They may drive themselves, if permitted for the event.
- Hold orientation meeting (see Section III for more information on what to include in this meeting)
- Collect all completed waivers and provide them to the Department of Risk Management PRIOR to travel.
- Assemble paperwork you will be taking
 - o Signed Emergency Medical Information Form
 - o Signed Informed Consent Forms
 - o Emergency contacts for each site
 - o Itinerary
- Look forward to your trip as you are now a well-prepared Field Trip Leader!
- Complete post trip de-brief
 - o The Department of Risk Management is available to facilitate a post-trip risk assessment and review of the travel.
- Submit all expense reports in accordance with the guidelines set by the University Travel Manual.



This report is to be completed by the supervisor with the assistance of the affected employee. Answer All Questions

Employee Name, Date of Accident, Department, Work Phone #, Nature of Injury/Exposure, Description of Event

Factors that contributed to accident/incident – Please check all that apply.

Hazard

- Not recognized/identified, Identified but not addressed, Inadequate repair

Work Procedures

- None developed, Not followed, Partially followed, Not understood, Not appropriate, Not communicated, Other

Training & Certification

- Insufficient training, Circumstances not covered, Ineffective training, Worker not authorized, Outdated Training

Communication

- Breakdown in verbal communication, Breakdown in written communication, Confusion after communication, Other

Other

- Weather/temperature, Extended work hours, Worker fatigue, Physical overexertion, Work in elevated area, Chemical Use, Biological agent, Radiation, Electricity, Mechanical

Facilities/Equipment

- Personal protective equipment, Faulty equipment, Poor/inadequate maintenance, Inappropriate use, Missing guards, Obsolete/antiquated equipment, Inadequate design, Ergonomic factors, Equipment failure, Trip hazard, Slip hazard, Struck by, Other

PPE Requirements

Table with columns: Req., Used, Type. Rows: Eye, Face, Hearing, Skin/Glove, Foot, Other

NOTE: If an accident/incident resulted in an injury, please refer to the "How to report an accident or injury" form located on page 2.

Prevention – Describe all corrective actions taken to prevent recurrence (e.g. initiated work order for sidewalk repair, retrained workers on use of eye protection, installed ergonomic keyboard/mouse tray).

Action: _____

Person responsible: _____ Expected Completion Date _____

Action: _____

Person responsible: _____ Expected Completion Date _____

Supervisor Name _____ Title _____ Phone _____

Signature _____ Date _____ Email _____

Employee Name _____ Title _____ Phone _____

Signature (if available) _____ Date _____ Email _____

Witness Name: _____ Signature _____

Supervisor/Director Name: _____ Signature _____

How to report an Accident or Injury

Call AmeriSys at 800-455-2079 to report the workers' compensation claim. They will ask for the information below.

EMPLOYEE ID: Record the employee's seven digit employee ID number at the top of the page.

NAME: Print the employee's first name and last name, as it is on file with Florida Polytechnic University (FPU).

HOME ADDRESS: Print the employee's home address that is on file with FPU, and please include city, state and zip code.

TELEPHONE: Print the employee's telephone number that is on file with FPU, including area code.

OCCUPATION: List the employee's occupation as recorded by FPU.

DATE OF BIRTH: List the employee's date of birth.

SEX: Select the corresponding box, male or female.

SOCIAL SECURITY NUMBER: Print employee's social security number that is on file with FPU.

DATE OF ACCIDENT: Indicate the date the accident occurred.

TIME OF ACCIDENT: Indicate what time the accident occurred, and remember to check either "AM" or "PM."

EMPLOYEE'S DESCRIPTION OF ACCIDENT: Being as descriptive as possible, indicate how the accident occurred. Be sure to explain what the cause of the accident was. Include the name of the employee's direct supervisor or contact person's name and campus phone number.

INJURY/ILLNESS THAT OCCURRED: In a brief term, print a description of the injury. (Ex. Bruise, strain, cut, scrape, contusion, etc.)

PART OF BODY AFFECTED: Indicate the body part(s) affected by the injury. Be sure to specify "left" or "right" when appropriate, and be specific as to the area injured (Ex. "left wrist," "right knee", "lower right back").

DATE FIRST REPORTED: Write the date on which the injury was first reported to employee's supervisor. If you are using the current form on the website, the next sections (**) will be completed for you.

****COMPANY INFORMATION:**

Employer's Location address: Florida Polytechnic University

Address: 4700 Research Way
Lakeland FL, 33805-8531

Telephone: 863-583-9050

Main Campus Location #: 0272

Florida Industrial and Phosphate Research Institute location #: 0273

**TIME IS OF THE ESSENCE
IMMEDIATELY CALL AMERISYS AT 800-455-2079**

If you need additional assistance, contact Human Resources at 863-874-8425 or email to: hr@floridapoly.edu. Please report the accident to Facilities and Safety Services at 863-874-8426.



Non-Employee Incident/Injury Report

THE PURPOSE OF THIS REPORT is to provide information which can be used in preventing similar accidents in the future.

I. Individual Involved in Incident

Name: *(Last, First, Middle Initial)*

Address: <i>(Street, City, State, Zip Code)</i>	Phone Number 1: <i>(mobile)</i>
	Phone Number 2: <i>(other)</i>

Email: *(optional)*

Sex: Male Female Age:

Affiliation with Florida Polytechnic University:
 Student Visitor Employee (off duty) Contractor/Vendor Other Affiliation

Student ID: *(if applicable)*

II. Incident Details

Date of Incident: Time of Incident:

Location of Incident: On Campus Off Campus

Building and Room: *(if on campus)* or other location *(be specific)*

Program or Event: *(if applicable)*

Incident Description: *(Describe fully the events and conditions including how the incident occurred, why you were at that location and exactly what you were doing.)*

Injuries Sustained *(Describe in detail any and all injuries sustained)*
Note: Do not provide medical information or conditions other than the actual incident/injury sustained. If something arises due to an injured person's pre-existing medical condition, state it generically.
Ex. "The injured person fainted due to a pre-existing medical condition."

Law Enforcement Involvement: Yes No

Type: *(if law enforcement involved)*
 FPU Police Department Other: *(please specify)* _____
 Polk County Sheriff's Office Report #: *(if applicable)* _____
 FHP

Was treatment administered? Yes No

Medical Information: *(If treatment provided)*
 First Aid only – not at hospital or by doctor
 Treatment at the University Health Center, Hospital or Medical Personnel
 Confinement at hospital or in residence
 Other (please specify) _____

III. Witness Information: (if applicable)

Witness Name 1: *(Last, First, Middle Initial)*

Witness Phone Number:

Witness Name 2: *(Last, First, Middle Initial)*

Witness Phone Number:

IV. Report Submitted by:

Name of FPU Employee or Representative: *(Last, First, Middle Initial)*

Are you the person in charge of the location or activity involved? Yes No

Department:

Phone Number:

Email:

Please email this completed document to John Trecastelli, Facilities and Safety Services, safetyservices@floridapoly.edu. Thank you.

Student Code of Conduct Travel Agreement

The following Agreement form applies to all students traveling to meetings, conferences, retreats, or other activities using Florida Polytechnic University Funds, whether this travel is within the counties served by University or to an external destination. Individuals not signing this Agreement will not be approved for travel. In addition, students who are younger than 18 years of age must have the signature of a parent or guardian.

Field Travel/Trip: _____

Scheduled Date(s): _____

The Division of Student Affairs stresses the importance of individual and student organization responsibility pertaining to the use of alcohol/drugs. The use of alcohol and/or drugs in violation of applicable University regulations and policies during University-approved and student organization-sponsored travel including but not limited to retreats, conventions, or conferences will not be tolerated.

In light of these responsibilities, I agree:

- To be familiar with and obey any all of the rules established for the Trip, including the University Regulation 3.006 Student Code of Conduct.
- To obey all applicable state and federal laws, including those that relate to alcohol consumption and drug use.
- To attend all scheduled meetings, conference sessions, and activities related to the funded travel.
- That my failure to attend the scheduled event or conference due to last minute cancellations may result in having to repay all travel expenditures made by the University on my behalf.
- Not to consume alcoholic beverages unless I am 21 years of age or older, and not use illicit drugs.
- Not to consume alcoholic beverages regardless of my age if such use is banned by the advisor or organizational leadership prior to travel.
- Not to abuse alcoholic beverages regardless of my age.
- To operate motorized vehicles legally and responsibly; i.e., to drive within the posted speed limits; to wear a seat belt and require passengers to do the same in accordance with the laws of the state in which I am traveling; to operate only motorized vehicles for which I have a current, unrestricted license; to only use vehicles that are properly licensed and with current motor vehicle inspections; to provide a copy of my license and automobile insurance prior to departure.
- Not to spend money or make monetary commitments on behalf of the organization or the University without following proper procedures
- Not to provide transportation to persons not approved for travel.
- To dress appropriately for the setting.
- To interact professionally and responsibly with other participants at the event.

I also understand that it is the responsibility of everyone traveling to uphold the provisions of this Agreement. If I violate this Agreement, a University representative may take steps to protect the reputation of the University and mitigate its liability. Those steps may include:

- Requiring that I return to campus prior to the end of the Trip at my own expense;
- Banning me from further participation in the Trip; and/or
- Referring me to the Division of Student Affairs.

I understand that being referred to the Division of Student Affairs for violation of this Agreement my result in:

- Repaying any travel expenditures made by the University prior to travel, including but not limiting to the cost of travel (airline tickets and /or share of vehicle rental/fuel; prepaid accommodation expenses, conference fees, etc.);
- Being denied reimbursement for out-of-pocket expenses related to the travel;
- Being referred for Student Code of Conduct proceedings; and/or
- Discipline including, but not limited to, being banned from future University-funded travel.

Emergencies:

In case of a personal emergency, I agree to contact the Trip advisor or organization advisor immediately. I agree that I am responsible for any additional travel expenses incurred without the prior approval of the University, including alterations of travel plans due to an emergency.

Emergency Contact Name #1: _____

Emergency Contact Phone Number #1: _____

Emergency Contact Relationship to Student #1: _____

Emergency Contact Name #2: _____

Emergency Contact Phone Number #2: _____

Emergency Contact Relationship to Student #2: _____

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I AGREE TO BE BOUND BY ALL PROVISIONS OF THIS AGREEMENT.

Print Student Name: _____

Student ID #: _____

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If participant is younger than 18 years of age)

Student Contact Phone Number: _____

Trip Liability Waiver

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT

In consideration of participating in the Trip to _____(City), _____(State) for the _____(Name of conference, meeting, or event and hereinafter call the "Trip") and related events in designated city and state on or about _____(Dates of Trip), or hosted by Florida Polytechnic University, I hereby agree as follows:

I, _____(Print student participant name) for myself and my estate, heirs, administrators, executors, and assign, hereby release and hold harmless the State of Florida, Florida Polytechnic University Board of Trustees, and their officers, directors, employees, representatives, agents and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however, caused, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Trip, whether caused by the negligence of Releasees or otherwise.

I fully understand that there are potential risks and hazards associated with the Trip and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while on the Trip, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Trip, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise.

I further agree to comply with all applicable laws and ordinances and Florida Polytechnic University ("University") regulations, rules and policies. I understand that my behavior and conduct must remain consistent with the University Student Code of Conduct. I understand that any consumption of alcoholic beverages must be done in a lawful and responsible manner and in compliance with University policy. I understand that any violations of the University Student Code of Conduct in any way relating to the Trip may subject me to disciplinary actions by the University, including without limitation loss of privileges and/or dismissal from the University.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any judgement, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as proximate result of any act or omission on my part during my participation in the Trip.

I further agree to give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography, or any other medium and to use my name, likeness, voice, and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose, which the University and its employees deem appropriate. All such recordings shall be the University Property.

I will assume responsibility for all costs incurred by me on the Trip, including medical care, if needed. I understand I must be healthy and reasonably fit in order to safely participate in the Trip. In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Trip, I hereby give permission to a Physician selected by the Trip's personnel to hospitalize, secure proper treatment for, and to take whatever actions are necessary to treat me.

The undersigned states that he/she is presently and eligible participant and the information provided on the application are correct and substantiated. Any falsification can result in immediate cancellation of all arrangements and loss of all monies paid.

I HAVE READ THIS AGREEMENT, UNDERSTAD THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Printed Name of Student Participant: _____

Student Participant's Signature: _____ **Date:** _____

Parent or Guardian's Printed Name (if participant is under 18 years of age): _____

Parent or Guardian's Signature (if participant is under 18 years of age): _____

Date: _____

ASSUMPTION OF RISK, INDEMNITY, WAIVER and RELEASE OF
LIABILITY FOR PARTICIPATION in FLORIDA POLYTECHNIC UNIVERSITY
ACTIVITIES

THIS AFFECTS YOUR LEGAL RIGHTS.
PLEASE READ CAREFULLY BEFORE SIGNING BELOW.

Participant _____ UID# _____
Last First MI

Parent/Guardian (if under 18): _____
Last First MI

Address: _____ Apt. _____

City & State: _____ Zip _____

Telephone: Home: _____ Work: _____ Cell: _____

Emergency contact if parent or guardian listed above is unavailable: _____ Telephone: _____

I, or as parent or guardian of the above-named individual, intend for myself/him/her to participate in the [INSERT NAME of FIELD TRIP], ("Activity").

Risks. I understand that the Activity may be conducted on or off-campus. If the Activity is off-campus, I am responsible for providing my own transportation or participating in University-sponsored transportation to and from different sites. I am aware of and assume all risks associated with participating in the Activity.

Medical Condition. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in the Activity. I understand that I am encouraged to receive a physical examination from a physician prior to participation. I agree to promptly report any medical problems or symptoms to a University representative. I acknowledge that the University and its representatives may prohibit or restrict my participation in the Activity.

Protective Equipment. Because of the potential dangers of participating in the Activity, I recognize the importance of wearing appropriate protective equipment, following instructions, and adhering to all rules applicable to the Activity.

Insurance. I acknowledge that the University does not carry any type of accident or health insurance policy that covers my participation in the Activity. I understand that I am encouraged to purchase personal comprehensive accident/health insurance. If I am injured while participating in the Activity, I am responsible for all financial obligations incurred and any treatment necessitated by injury.

Compliance with Laws, Rules, Regulations, and Policies. I acknowledge and agree that I must observe all state and local laws and University rules, regulations, and policies, including those concerning alcohol/drug use and student conduct. I agree to participate in the Activity in a safe manner and follow all rules of the Activity. I agree to follow the instructions of the University and its representatives on proper technique, training, and equipment use.

Permission to Record and Use Name, Likeness, and Image. In exchange for the University allowing me to participate in the Activity, I give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose that the University and its employees deem appropriate. All such recordings are the University's property.

Medical Care and Emergency Contact. I acknowledge and agree that there will not be medical personnel available at the location of the Activity. I further acknowledge and agree that the University and its representatives are granted permission to authorize emergency medical treatment on my behalf. In the event of an emergency, I authorize the University and its representatives to contact the person I have listed above as my emergency contact.

ASSUMPTION OF RISK, INDEMNITY, WAIVER and RELEASE OF LIABILITY. I hereby recognize and assume all the risks associated with playing or practicing in the Activity and release and agree to indemnify the State of Florida, Florida Polytechnic University and their respective Trustees, employees, officers, representatives, agents, and volunteers, and I hold them free and harmless of and from all actions, liabilities, causes of action, claims, damages and costs arising from and accruing to me on account of death or any and all accident or injury to me, either directly or indirectly sustained by me as a consequence of my travel to or from, or my participation in the Activity. The terms hereof serve as a release and assumption of risk, indemnification and hold harmless for myself, my heirs, estate, executor, personal representative, administrator, assignees, and for all members of my family.

I have read this waiver, understand that I am giving up substantial rights by signing it and voluntarily agree to be bound by it.

If participant is under 18 years of age: I certify that I am the parent or legal guardian of the above participant, that I have read this agreement and agree to its terms.

Signature of Participant or Legal Guardian

Florida Poly ID Number

Date



Travel Brainstorm Worksheet

Start Date: _____ End Date: _____ Source of Funding: _____

Destination _____

Field Trip Leader: _____ Additional Staff/Faculty _____

Have all faculty/staff submitted a Spend Authorization? YES _____ NO _____

Purpose of Travel: _____

Expected Activities: _____

How will participants travel to the destination? _____

What is the overnight accommodation plan? _____

What is the plan for meals? _____

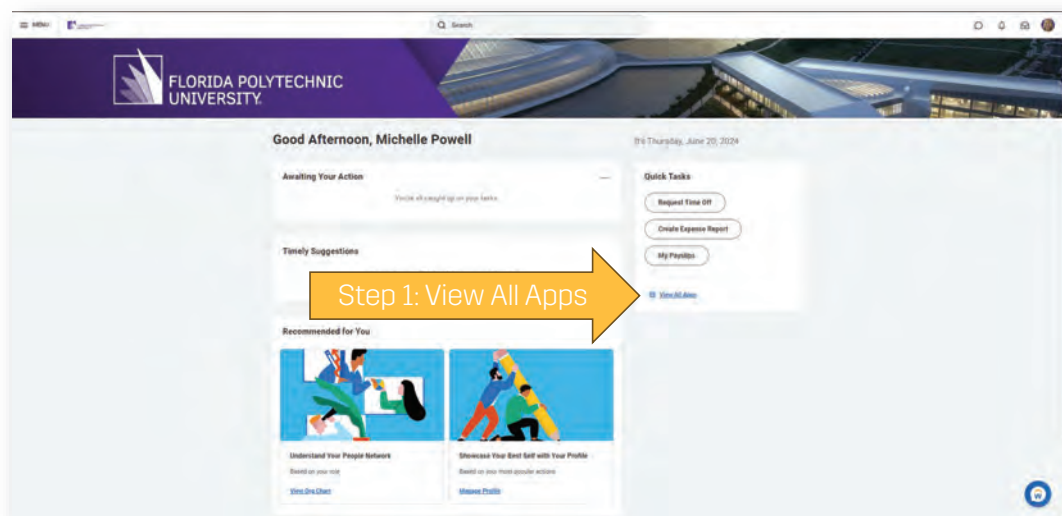
Are there any other anticipated expenses? _____

Why Must ALL Travel be in WorkDay?

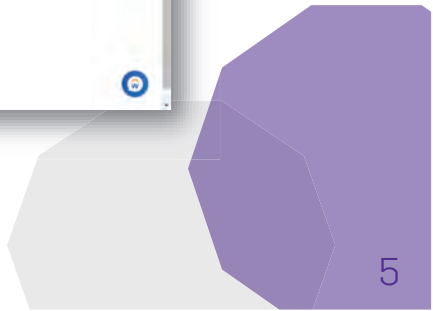
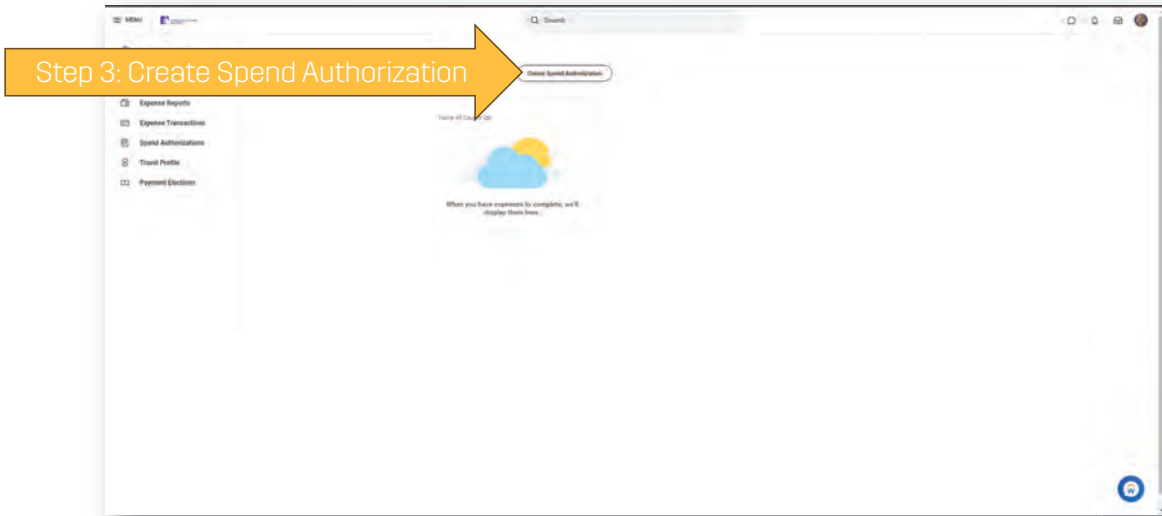
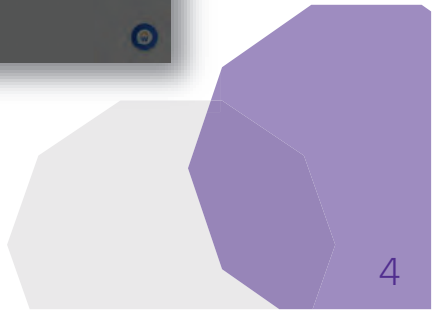
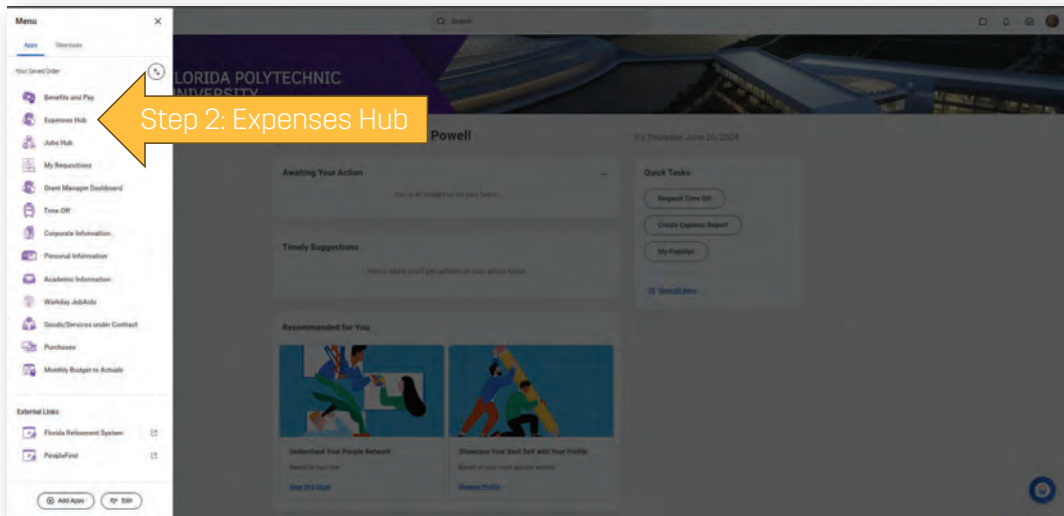
- University employees are eligible for workers' compensation benefits during periods of travel that are necessary to perform the official business of the University.
- All travel must be formally **pre**-approved via the University's process for workers' compensation to apply.
 - A Spend Authorization submitted via WorkDay is the University's approval process. It must be submitted and approved prior to travel.
- To access WorkDay, go to <https://www.myworkday.com/flpoly> and use your employee credentials to log in via SSO.

2

How to Submit a No Cost Travel Spend Authorization



3



Step 4: Complete all travel related details as with any travel, but add specific mentions of the following:

- a) "No Cost Travel"
- b) Name and Title of driver(s) of driver of vehicle

Create Spend Authorization

Travel cash advances MUST be approved within 10 business days.

Spend Authorization Information

Company: Florida Polytechnic University

Start Date: 07/01/2024

End Date: 07/01/2024

Description: "No Cost Travel" Car Pool Passenger Ride

Business Purpose: State

Spend Authorization Details

Reimbursement Payment Type: Direct Expense

Justification: "No Cost Travel" Car Pool Passenger Riding with Vehicle Driver (Employer Driver Name Title Department). Reference attached counseling memo and other supporting documentation.

Spend Authorization Lines

Add

No Cost Travel (Sponsorship from External Source) 0.01

Spend Authorization Line

Expense Item: No Cost Travel (Sponsorship from External Source)

Quantity: 1

Per Unit Amount: 0.01

Total Amount: 0.01

Budget Date: 06/20/2024

Memo:

Cash Advance Requested:

Worktags

*Cost Center: 1059 Risk Management

Cost Center Programs:

Grant:

Project:

*Fund: 101 Education and General

Gift:

*Program: 6100 General

Step 5: Add a Spend Authorization Line and select "No Cost Travel (Sponsorship from External Source)" as the Expense Item

Step 6: Update the memo to reflect the same information as the Justification

Spend Authorization Lines Attachments

Attachments

- SA REQUIRED ATTACHMENT - Agenda or Schedule of Events.docx
Successfully Uploaded
Comment:
- SA REQUIRED ATTACHMENT - Round-Trip Mileage Map.pdf
Successfully Uploaded
Comment:
- SA REQUIRED ATTACHMENT - Vehicle Drivers Approved SA PDF Copy.pdf
Successfully Uploaded
Comment:

Upload

Step 7: Add the following attachments:

- Round trip map of route
- PDF of pre-approved Spend Auth. for driver of the vehicle (if applicable)
- Agenda or schedule of events for the travel

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What to Do After Travel

- After your no cost travel has ended, you will need to mark the Spend Authorization as CLOSED.
- To close a Spend Authorization, navigate to Expenses Hub and select Spend Authorizations from the left-side menu.
- Hover over the Spend Authorization you need to close, then select the “...” that appear.
- When the Actions appear, hover over Spend Authorization and select Close.

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