



**NEW JERSEY CITY UNIVERSITY**

**UNIVERSITY GUIDELINES**

**FOR**

**STUDENT TRAVEL**

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**In the spring of 2005, President Carlos Hernández charged the Vice Presidents with developing a set of comprehensi**





administrator. The form specifies which required documents must be attached (i.e., an agenda, a bus contract, etc.) in order to receive approval. Whenever possible, the request should be submitted at least one month prior to the activity or event.

2. The following information/documents must be submitted with the Student Travel Request for Authorization Form:
  - a. A list of student travelers, including their names, local addresses and phone numbers, as well as the names and phone numbers of persons to contact in case of an emergency
  - b. The name and phone number for the responsible University employee(s) who will be available to the students at all times during the travel and activity
  - c. Copy of valid operators' license for any student who will operate vehicles
  - d. Copy of current medical insurance certificate, or both sides of a current group insurance membership card, for each student who wishes to participate in the activity or event
  - e. Completed and signed Release and Indemnification Agreement Form for each student
  - f. Completed and signed Authorization for Medical Treatment Form for each student
3. Course Field Trips
  - a. When leading group trips, faculty or staff members should carry emergency contact information, proof of medical insurance coverage, and the authorization for emergency medical treatment for each student.
  - b. Faculty members who teach courses that involve frequent field trips can collect the following information from students at the beginning of each semester and keep it on file with the appropriate administrator for use throughout a semester:
    - i. Proof of current medical insurance
    - ii. Completed and signed medical authorization forms
    - iii. Completed and signed release and indemnification agreements (a single release and indemnification agreement may be used if a single description fits all the proposed trips)
    - iv. Proof of a valid vehicle operator's license for students who will operate vehicles
  - c. A one-time approval can be provided for multiple trips led by faculty or staff members that involve the same locations and same students.
4. The Student Travel Request for Authorization Form, the Authorization for Medical Treatment Form, and the Release and Indemnification Agreement Form are available from the office of the Dean of Students in the Business Development Incubator, 285 West Side Avenue, Room 254, Phone: 201-200-3525, Fax: 201-200-3583, or online at [http://www.njcu.edu/dept/studentaffairs/dean\\_of\\_students.html](http://www.njcu.edu/dept/studentaffairs/dean_of_students.html)

## **H. Study Abroad**

Any faculty member who wishes to offer students the opportunity to study abroad or out of the state must follow the appropriate procedures. Should a faculty member want to offer a New Jersey City University course off campus, the Student Travel Request for Authorization Form, as well as the required documents and information listed in Section F., must be submitted to his/her respective dean. Simultaneously, the same faculty member should consult with the Office of International Students and Study Abroad in the University Advisement Center, Vodra 101, Phone: 201-200-3300. This office will supply the faculty member/student with the necessary forms and requirements for faculty/students to participate in an educational experience abroad.

## **I. Commercial Travel**

Students traveling by commercial transportation, whether domestic or international, must comply with all laws regulating travel and the rules of the specific carrier.

## **J. Travel by Motor Vehicle**

### **1. Compliance with Laws and Policies**

- a. Motor vehicles used for travel covered by this policy shall have a current liability insurance card and a valid unexposed state inspection certification.
- b. Travel undertaken by means of university-owned vehicles must comply with the requirements of New Jersey City University. The University Vehicle Request Form is available from the Public Safety Department in Vodra Hall, Room 129, Phone: 201-200-3127, Fax: 201-200-2240.

As excerpted from pages 2-3 of the New Jersey City University Fleet Policies and Procedures, (available in its entirety from the Public Safety Department) and the Travel Policy as developed through Accounts Payable, the requirements are indicated below:

- i. The driver must be a University employee who must possess a valid driver's license appropriate for the vehicle being driven. This must be reviewed by the Public Safety Department on an annual basis. In addition, the University driver must carry an insurance card and vehicle registration at all times.
- ii. Prior to the operation of any University vehicle, it is the responsibility of the University driver and/or the department supervisor to inspect the vehicle for body damages before and after use.
- iii. University vehicles must be legally parked with the engine off and doors locked when left unattended. The operator of the University vehicle responsible for the violation shall pay fines for traffic/parking violations.
- iv. In accordance with the New Jersey State Law (39:3-76.2f – Required Wearing of Seat Belt), the University driver and all passengers must use seat belts when traveling. All fines resulting from the failure to wear seat belts will be the sole responsibility of the driver or passenger.
- v. Smoking in University vehicles is prohibited.





## **6. Accidents**

- a. All accidents involving University vehicles must be reported to the Public Safety Department by the driver immediately, but no later than 24 hours after the accident occurred. The driver is responsible for contacting the police as a completed written police report must be obtained, and the police report file number must be given to the Public Safety Department.
- b. In the event that a police report can not be filed, the following information must be obtained from the other driver” owner’s name, address, and home telephone, driver’s license number, vehicle description and plate number, insurance company name, phone number and policy number.
- c. Students who were participants in an activity or event, and who sustained a personal injury as a result of a motor vehicle accident related to participating in the activity or event under this policy, must report to the University Health and Wellness Center in Vodra 107, Phone: 201-200-3456 immediately, but no later than 24 hours of the injury. If the injury was sustained at an hour during which the Health & Wellness Center is closed, students should report injuries as soon as the Center reopens during normal business hours.

## **7. Travel Expense Summary Form**

A Student Travel Voucher is used for reimbursement/justification of travel expenses. Students are required to file the Student Travel Voucher with the appropriate department within two weeks after their return.

## **K. Student Government Organization – Travel Requirements as excerpted from the SGO By Laws, Finance Committee, under VII Limitations**

1. Field trips required as part of the curriculum of an academic department, or exclusive for club members may not be included in the organization’s budget.
2. Student may be reimbursed for travel and conference expenses, only if they are acting in the official capacity for SGO and have the approval of the Executive Board as per the NJCU Conference Policy.
3. The transportation reimbursement will pay a maximum of \$.25 per mile plus tolls for business-related travel. This \$.25 covers fuel, depreciation and maintenance expenses. Cars

**APPENDIX I**  
**STUDENT TRAVEL REQUEST FOR AUTHORIZATION**

**NEW JERSEY CITY UNIVERSITY**  
**STUDENT TRAVEL REQUEST FOR AUTHORIZATION**

**Part I. Requestor/Sponsor/Organization Information (Please attach a roster with names, addresses, phone nos. and emergency contact information for each participant)**

Name of University Faculty/Staff Member Responsible for Trip: \_\_\_\_\_  
 Position /Title: \_\_\_\_\_  
 Administrative Unit/Organization: \_\_\_\_\_  
 Phones: Office \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Part II. Student Information (If student is not a participant of a particular Group/Organization)**

Name of University Student Participant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phones: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Part III. Travel Information**

Reason for Travel: \_\_\_\_\_  
 \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Dates of Travel: Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
 Total Number of Participants: \_\_\_\_\_ (Attach list of Names)\* for group activity only  
 Number of Non-Student Participants : \_\_\_\_\_ ( Attach list of Names)\* for group activity only  
**Registration Fee (if Applicable):** \$ \_\_\_\_\_  
**Transportation Arrangements (Check one):**  
 Vehicle: \_\_\_\_\_ Rental Car \_\_\_\_\_ Personal Car \_\_\_\_\_ Van \_\_\_\_\_ University-Owned Vehicle  
 Common Carrier \_\_\_\_\_  
 Name(s) of Drivers: \_\_\_\_\_  
**Total anticipated cost:** \$ \_\_\_\_\_  
**Lodging Arrangements (Address and Phone Number Required):**  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Total anticipated cost (Cost per night X the number of nights):** \$ \_\_\_\_\_

**Meals Needed (Enter # of Each):**

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_

**Total anticipated cost: (not to exceed \$36 per day):**\$ \_\_\_\_\_

**TOTAL COST:** \$ \_\_\_\_\_

**Part III. Required Information/Documents:**

Please check all applicable items that have been documented and filed:

\_\_\_\_\_ List of All Participants/Emergency Contacts (Attached)

\_\_\_\_\_ Release/Indemnification Agreements

\_\_\_\_\_ Proof of Medical Insurance

\_\_\_\_\_ Medical/Emergency Treatment Authorization Forms

\_\_\_\_\_ Valid Driver's License (s), if applicable \_\_\_\_\_

\_\_\_\_\_ Proof of Current Liability Insurance (For Personal Vehicle Use Only) \_\_\_\_\_

Name of University Employee Available for Contact in the Event of Emergency:

\_\_\_\_\_

Phones: Office \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**Part IV. Administrative Approval**

Sponsor Signature/Title/Date \_\_\_\_\_

Department Chair Signature/Date \_\_\_\_\_

Dean Signature/Date \_\_\_\_\_

**APPENDIX II**

**STUDENT RELEASE AND INDEMNIFICATION AGREEMENT**

**NEW JERSEY CITY UNIVERSITY**

**STUDENT RELEASE AND INDEMNIFICATION AGREEMENT**

I understand and agree that the \_\_\_\_\_ (activity) on \_\_\_\_\_ (date) with \_\_\_\_\_ (sponsoring organization, faculty, or staff member) of which I am a participant involves certain risks and that regardless of the precautions taken by the above organization, some injury may occur.

I understand and agree that the university accepts no responsibility for my acts or the acts of others when I participate in or travel to or from activities related to an organization.

Knowing this information, in consideration of my participation in the above event, I expressly and knowingly release New Jersey City University and the above organization and their respective representatives, officers, employees, advisors, and agents from any and all claims and causes of action for property damage, personal injury or death sustained by me arising out of any travel or activity conducted by or under the auspices of the University or the above organization caused by risk associated with this activity and/or the acts or omissions of the sponsoring group. Participant acknowledges that the above organization and the University are separate legal entities and should be treated as such.

I voluntarily and knowingly agree to protect, hold harmless, and indemnify the University and the above organization and their respective representatives, officers, employees, advisors, and agents against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney fees arising out of my participation in the University and above described activity, event, or travel.

I am eighteen (18) years of age or older and am competent to execute this agreement. If the participant is not eighteen (18) years of age, this release must be signed also by a parent or guardian.

By signing below, I (we) acknowledge that I (we) have read the agreement and understand the release of liability.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX III**  
**STUDENT TRAVEL AUTHORIZATION**  
**FOR EMERGENCY MEDICAL TREATMENT**

**NEW JERSEY CITY UNIVERSITY**

**STUDENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

**I. MEDICAL INFORMATION (please type or print legibly)**

a. Name: \_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Street or P.O.Box, City, State, Zip Code)

Telephone Number: Day: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

b. Name of Nearest Relative (or guardian if student is under 18 years of age):



\_\_\_\_\_  
(Last, First, Middle)

Address: \_\_\_\_\_  
(Street or P.O.Box, City, State, Zip Code)

Telephone Number: Day: ( ) \_\_\_\_\_ Evening: ( ) \_\_\_\_\_

c. Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O.Box, City, State, Zip Code)

Telephone Number: Office: ( ) \_\_\_\_\_ Emergency: ( ) \_\_\_\_\_

d. Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O.Box, City, State, Zip Code)

Telephone Number: Office: ( ) \_\_\_\_\_ Emergency: ( ) \_\_\_\_\_

e. Health Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

f. Allergies: \_\_\_\_\_

g. Current Medications: \_\_\_\_\_

h. Special Health Needs: \_\_\_\_\_

**II. EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned, do hereby authorize New Jersey City University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are \_\_\_\_\_ to \_\_\_\_\_ 20\_\_\_\_.

I am eighteen (18) years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate. (\*If the participant is not eighteen (18) years of age or older, this release must be signed also by a parent/guardian.)

\_\_\_\_\_  
(Signature of Individual) Date: \_\_\_\_\_ 20\_\_\_\_\_ .

\_\_\_\_\_  
Date: \_\_\_\_\_ 20\_\_\_\_\_ \*(Signature of Parent or Guardian)