



## Employee Travel Registration Form

HR 20

Please note: To comply with SAIT's Travel Policies and Procedures this form must be used for **all** Employee travel conducted on SAIT business including car rentals. All employees must complete the registration form and submit it to their department before departure. **This form is to remain in the department.**

**THIS MUST BE FILLED OUT ELECTRONICALLY**

### EMPLOYEE INFORMATION

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Work \_\_\_\_\_ Home \_\_\_\_\_ E-mail \_\_\_\_\_

SAIT ID# \_\_\_\_\_ Department \_\_\_\_\_

Department Contact \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY CONTACTS

Primary \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Other \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

Relationship \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate \_\_\_\_\_ Phone \_\_\_\_\_ Cell/Other \_\_\_\_\_

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code \_\_\_\_\_

### ITINERARY INFORMATION

Please List dates of travel and attach and up-to-date itinerary including hotel, care rental and all flight details

Purpose of Trip:  Professional Development  SAIT Business  Other

Please note: All SAIT travel must be booked through Uniglobe or Budget (for in Calgary car rentals). For information on how to book, please see the Employee Development Resource channel under MyEmployee on mySAIT.ca

### INSURANCE INFORMATION

As per the procedure HR. 1.4.1, SAIT requires that you have Emergency Medical (out-of- country) insurance when travelling outside of Canada as an employee of SAIT. Please see Procedure HR. 1.4.1 Travel Planning and Approval for further details.

Out-of-Country Medical Insurance provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

I affirm that the above information is correct to the best of my knowledge. I will advise my department in advance of departure of any changes relating to my personal information and/or itinerary.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Freedom of Information and Protection of Privacy Act (FOIP)

The personal information recorded on this form is being collected under the authority of the Post-Secondary Learning Act and Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. This information will be used to maintain records used in case of emergency while traveling and is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you require further information concerning the collection and use of this personal information, please contact SAIT's FOIP Coordinator at (403) 284-8633.