

ACADEMIC OFF-CAMPUS EVENT NOTIFICATION FORM

College/School, Department, Program _____

Name of Off-Campus Event _____

Purpose of Off-Campus Event _____

Location of Off-Campus Event _____

Will alcoholic beverages be served? _____ Yes _____ No

Name of Event Leader _____ Assistant(s) _____

Names of all Participants (attach list, include Social Security Numbers)

Date(s) of Event _____ Time of Departure _____ Time of Return _____

(Attach a copy of the event itinerary)

Transportation arrangements (check one)

State Vehicle _____ Rental Vehicle _____ Private Vehicle _____ Other _____

All Off-Campus Event drivers must be University (State) employees. University employee is defined as Faculty, Staff, Student Assistant in a state funded pay status and Volunteer recognized by the University Human Resources Department. Drivers must have taken a University approved defensive driving course, have a valid California Drivers License and have a good driving record. **List Names and California Drivers License Numbers of Off-Campus Event Drivers:**

Name _____ CDL# _____ DD _____

Name _____ CDL# _____ DD _____

Name _____ CDL# _____ DD _____

Name _____ CDL# _____ DD _____

We have reviewed the University Off-Campus Event Policy and understand the duties and responsibility of the participating Off-Campus Event Leader, faculty, staff and students.

Signature, Off-Campus Event Leader

Signature, Dean/Vice President or designee