



Faculty International Travel Authorization and Risk Assessment

Date

Please check the appropriate box:

Job Title

Employee/Paid Status (Travel insurance provided through HR)

Volunteer/Adjunct Faculty (Travel insurance provided through HR)

Graduate Research/Teaching Assistant (Travel insurance provided through HR)

Other

***Only use this form if you are an employee traveling without students to a destination with a Department State travel advisory level 3 or 4. Do not also submit an International Travel Authorization Form.**

THIS FORM SHOULD BE ATTACHED TO A SPEND AUTHORIZATION IN WORKDAY WITH DEPARTMENT APPROVAL AT LEAST 30 DAYS PRIOR TO TRAVEL. Requests received fewer than 30 calendar days prior to the date of travel may not have adequate time for review and approval. Travel is not considered approved until you have received an email confirmation from risk management. Please review the international travel policy found in UAM 1,404.

1. TRAVELER AND TRIP INFORMATION

Name

Department

Work Phone

Cell Phone

Work E-mail

Personal E-mail

Dept. Contact

Dept. contact phone

Emergency Contact

Emergency contact phone

Departure Date

Return Date

Passport Number

Passport Expiration Date

Purpose of Trip (Do not use acronyms):

Destination (include city, country, and dates at each location):

2. LODGING INFORMATION (OR ATTACH ITINERARY)

Location Name:

Location Phone:

Arrival Date:

Departure Date:

Location Name:

Location Phone:

Arrival Date:

Departure Date:

3. AIRFARE INFORMATION (OR ATTACH ITINERARY)

Departure Date:

Departure Location:

Departure Time:

Arrival Location:

Arrival Time:

Airline/Flight #

Departure Date:

Departure Location:

Departure Time:

Arrival Location:

Arrival Time:

Airline/Flight #

If you are traveling with others, please list names/affiliations:

4. EXPORT CONTROLS & ECONOMIC SANCTIONS REVIEW

List all NSHE-owned or University-owned equipment, material, and/or technology that you will be taking or shipping:

Is a foreign sponsor paying for any portion of this trip, or reimbursing you for any travel expenses?

Yes No If yes, who is the sponsor?

Is travel being paid for with Federal funds?

Yes No If yes, travel must comply with the Fly America Act (49 U.S.C. 40118).

Sponsored Projects may contact you for additional information. If applicable, export licenses must be obtained prior to departure; allow sufficient time for processing.

5. SAFETY AND RISK ASSESSMENT

A. Describe the current Department of State advisory level in the specific destination areas and regions where proposed travel will take place:

B. Describe the measures that will be taken to mitigate, avoid or respond to the identified risks:

C. Describe your transportation plans while in the country:

D. Describe how you will maintain communication with your Department and personal emergency contact:

E. Describe the availability of emergency medical treatment facilities or options in the travel area. List the address and contact information for the nearest medical facility/hospital:

F. Describe what action you would take in the event of an emergency or the need for an emergency evacuation:
For examples please refer to the International Travel Risk and Emergency Management Plan

G. Provide the address and contact information for the embassy that is the closest to the travel destination:

H. Travel Insurance and Services:

Have you reviewed our travel insurance policy?

Yes No

I. Smart Traveler Enrollment Program (STEP)

<https://step.state.gov/step/>

Have you registered your travel with the U.S. Department of State using the Smart Traveler Enrollment Program (STEP)?

Yes No

Note: STEP allows travelers to enter information about an upcoming trip abroad so that the Department of State can better assist in an emergency. STEP allows Americans residing abroad to get routine information from the nearest US embassy or consulate.

J. According to the [CDC Travel Health website](#), are any of the following recommended or required for your destination(s)?

Yellow fever vaccine Malaria prevention Other vaccine No recommendations/requirements

Are you up to date on your routine vaccines? Have you received the recommended vaccines for your trip?

Yes No Don't know, I need assistance with scheduling a consult with a travel medicine doctor

International travel is not considered approved until email confirmation is received from Risk Management.

Send email confirmation to:

Name

Email

By signing below I acknowledge my understanding of the following: 1.) Travel is not approved until all required signatures are obtained and the spend authorization has been successfully completed in Workday. 2.) I must submit an expense report in Workday within fifteen (15) days after completion of the trip with remittance of any balance due the university. If no expense report is submitted, I will be liable for the full cost of any travel advance I received, plus any subsequent collection costs, through payroll deductions.

Traveler Signature (Required) Print Name Date

Dean or Dept. Chair Signature (Required) Print Name Date

Additional Signature (If Required) Print Name Date

ONCE SIGNATURES ABOVE ARE OBTAINED, PLEASE SUBMIT THIS FORM AS AN ATTACHMENT TO A SPEND AUTHORIZATION IN WORKDAY.

To be obtained by Risk Management:

Authorized by Provost (If Required) Print Name Date