**UCI Travel Approval Form**

To be used for preapprovals and exceptions described in Executive Directive – Travel\*, Issued by Chancellor Howard Gillman, July 24, 2020. Submit the form to the Travel Risk Review Team (TRRT) at global@uci.edu and copy the Designated Approver. Please send questions to global@uci.edu.

**\***<https://uci.edu/coronavirus/executive-directives/UCI20_UCI_TravelDirective_08-17-20.docx.pdf>

**Name of person requesting to travel/invite a visitor: \_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email of person requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email of person requesting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program/Unit at UCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and title of Designated Approver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Destination (for outbound)/Origin (for inbound): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Stopover location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mode(s) of transportation including ground transportation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Review the Executive directive and select one only:**

* I am requesting pre-approval for travel that is allowed (submit to Designated Approver, copy to global@uci.edu for IRRT)
* I am requesting an exception for travel that is prohibited (submit to global@uci.edu for IRRT, copy to Designated Approver)
* I am requesting permission to bring a visitor to UCI-controlled spaces (submit to Designated Approver, copy to global@uci.edu for IRRT)

**ESSENTIAL TRAVEL – must meet all three requirements**

* My travel is required.
* My travel cannot be postponed.
* My travel is necessary to preserve patient/human research subject safety or results of research activities.

If all three requirements **are met**, use the space below to provide strong supporting evidence that the travel is essential and should be given pre-approval. Specifically, please describe a) the urgency/importance of this travel, b) why it cannot be postponed and c) the consequences of not traveling at this time.

If all three requirements **are not met**, use the space below to provide strong supporting evidence that the travel should be given an exception. Specifically, please describe a) the urgency/importance of this travel, b) why it cannot be postponed and c) the consequences of not traveling at this time.

**Essential justification/Exception justification** (attach additional information if needed)

**AREAS OF CONCERN**

* Country is listed by CDC as level two or above
* Country is listed by the US Department of State as level four
* Destination/Origin/Stopover has specific travel restrictions imposed by federal, state or local authorities. Source of warning \_\_\_\_\_\_\_\_\_\_
* Mode(s) of transportation has specific travel restrictions imposed by federal, state or local authorities. Source of warning \_\_\_\_\_\_\_\_\_

If any of the above are true, travel is restricted. Use the space below to describe in detail what risk mitigation will be done to reduce risk related to this travel and support the request for approval:

**Risk mitigation** (attach additional information if needed)

**OUTBOUND TRAVELERS - needed if traveling to an area of concern**

* I will enroll in the UC Away travel insurance program or make travel reservations through Connexxus, which provides automatic enrollment in the UC Away travel insurance program.
* I have considered the risks and believe I can mitigate against them to ensure my safety and the safety of the UCI community

**INBOUND TRAVELERS – needed if traveling from an area of concern**

* I will complete 14 days of self-isolation before entering UCI-controlled spaces.
* I am familiar with and will comply with all UCI COVID-19 related Executive Directives and other applicable University policies and protocols, including UCI COVID-19 Individual Guidance.

**STUDENT TRAVEL – needed if the traveler is a UCI student**

* In addition to the requirements for inbound/outbound travelers above, I am familiar with and will comply with UCI COVID-19 Individual Guidance
* I live on campus and am familiar with and will comply with all University policies and protocols related to my UCI residence.
* For international travel, I will seek additional required approval by the UCI Study Abroad Center (StudyAbroad@uci.edu)

**VISITORS – needed if the visitor is coming from an area of concern**

* Visitor will complete 14 days of self-isolation before entering UCI-controlled spaces.
* Designated Approver will ensure the visitor is familiar with and will comply with UCI research and return to work health and safety guidelines.

**MODE OF TRANSPORTATION – needed if the transportation mode has a health warning**

* I will complete 14 days of self-isolation before entering UCI-controlled spaces.
* I am familiar with and will comply with all UCI COVID-19 related Executive Directives and other applicable University policies and protocols, including UCI COVID-19 Individual Guidance.

**Signature of person requesting to travel/invite a visitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**