



UT SYSTEM ADMINISTRATION HIGH RISK INTERNATIONAL TRAVEL REQUEST FORM

[UTS 190 INTERNATIONAL TRAVEL POLICY](#) ESTABLISHES THE SYSTEMWIDE FRAMEWORK FOR INTERNATIONAL OVERSIGHT. IT DEFINES WHAT TRAVEL MUST BE CONSIDERED HIGH RISK, REVIEWED BY AN INTERNATIONAL OVERSIGHT COMMITTEE (IOC), AND APPROVED PRIOR TO DEPARTURE (DOES NOT APPLY TO LEISURE TRAVEL). THE RISK MANAGEMENT EXECUTIVE COMMITTEE SERVES AS THE IOC FOR UT SYSTEM ADMINISTRATION.

STEPS TO FOLLOW:

1. RESEARCH DESTINATION’S HEALTH AND SECURITY RISKS. RECOMMENDED RESOURCES INCLUDE UT’S CONTRACTED EMERGENCY ASSISTANCE PROVIDER, THE STATE DEPARTMENT, AND THE CDC.
2. RESEARCH THE DESTINATION’S COVID-19 OUTBREAK STATUS, ENTRY/TRAVEL RESTRICTIONS, AND RETURN ENTRY REQUIREMENTS TO ENSURE TRAVEL AND RETURN TO THE U.S. ARE POSSIBLE. RESOURCES ARE AVAILABLE [HERE](#).
3. CONTACT INFORMATION SECURITY TO DETERMINE IF A CLEAN LAPTOP IS NEEDED FOR TRAVEL.
4. CONFIRM TRAVEL HAS BEEN REGISTERED WITH UT’S CONTRACTED EMERGENCY ASSISTANCE PROVIDER. THIS REGISTRATION IS AUTOMATIC IF TRAVEL IS PROCURED USING ANTHONY, CORPORATE TRAVEL, OR THE CONCUR BOOKING TOOL. TRAVEL PROCURED THROUGH ANY OTHER MEANS MUST BE REGISTERED MANUALLY. INSTRUCTIONS ARE AVAILABLE [HERE](#).

Name:		Department:	
Title:		Phone:	
Email:		Travel Dates:	
Destination City(ies), Country(ies):			
Purpose of Travel:			

EMERGENCY CONTACT DETAILS

Emergency Contact Name, Relation, & Phone:	
Physical Address of All Accommodations While Abroad:	
Phone Number(s) Where Traveler Can Be Reached Abroad:	
Department Contact Familiar With Travel, Name & Phone:	

COVID-19

Are You Able to Enter Destination Country at Time of Departure for Intended Travel Purpose?	<i>(yes or no)</i>
Is Testing Required to Enter?	
Is Quarantine Required?	
Is Any Kind of Pass Showing Testing or Vaccination Status Required?	
Are 2 or More Flights Available To & From the Destination Each Week?	
Are “Stay at Home” or Other Social Restrictions in Effect at the Destination?	
Are Masks or Facial Coverings Required?	
Will You Be Permitted to Return to the U.S.?	
If You Test Positive, Do You Have a Plan for How/Where to Self-Isolate?	



What is the CDC's Current Rating for the Destination?	
What is the State Department's Current Rating for the Destination?	

OTHER RISKS

Are There Significant Health Risks Aside From COVID-19 Present in the Destination? If Yes, Please Describe.	
Are There Significant Security Risks Present in the Destination? If Yes, Please Describe.	

TRAVEL DETAILS

Explanation of Why Travel Needs to Occur
Provide Detailed Itinerary Including All Arrival/Departure Dates and Modes of Transportation
Describe Plan to Mitigate Risks & Add Any Additional Information You Would Like Considered (If Applicable)

SIGNATURES

Traveler's Signature:	
Department Head Signature:	