

REQUEST FOR TRAVEL EXCEPTION DURING PANDEMIC

Before completing this form, review current University guidance and approval requirements for travel at <https://goforward.uchicago.edu/travel/>

TRAVELER NAME	PROPOSED TRAVEL DATES
	FROM <input style="width: 30%; border: none; border-bottom: 1px solid black;" type="text"/> TO <input style="width: 30%; border: none; border-bottom: 1px solid black;" type="text"/>
UNIVERSITY AFFILIATION (e.g. faculty, other academic appointee, postdoctoral researcher, staff, graduate student or undergraduate student)	
DEPARTMENT	COUNTRY OF CITIZENSHIP (for international travel only)
NAME OF PRINCIPAL INVESTIGATOR (if applicable)	
ADDITIONAL TRAVELER NAME	COUNTRY OF CITIZENSHIP (for international travel only)
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DESTINATIONS:	
MODE OF TRANSPORTATION	LODGING ARRANGEMENTS DURING TRAVEL
EMERGENCY CONTACT AT DESTINATION (name, phone, email address)	DESCRIPTION OF HEALTHCARE FACILITIES/RESOURCES AT DESTINATION:
SOURCE OF FUNDING	DETAILS OF ANY VISA REQUIRED FOR TRAVEL
UNIVERSITY GRANT <small>Grant funding source</small> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	
OTHER <small>Describe</small> <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	

REQUEST FOR TRAVEL EXCEPTION DURING PANDEMIC**DESCRIPTION OF THE PURPOSE FOR THE TRAVEL**

(including explanation of why it is necessary during the requested timeframe)

DESCRIPTION OF THE HEALTH AND SAFETY MEASURES THE TRAVELER EXPECTS TO UNDERTAKE TO COMPLY WITH LOCAL PUBLIC HEALTH GUIDANCE

(including any mandated self-quarantine measures upon arrival)

IMPACT ON THE UNDERLYING PROJECT IF TRAVEL IS DELAYED

TRAVEL RISK ACKNOWLEDGEMENTS

In connection with my travel as described above:

I have carefully identified, reviewed and considered the risks of travel to my destination(s), including the most recent relevant US State Department (DoS: <https://travel.state.gov/>), Centers for Disease Control (CDC: <https://www.cdc.gov/>), and World Health Organization (WHO: <http://www.who.int/ith/en/>) Travel Warning(s).

I have checked with the University Office of Risk Management to determine whether UChicago’s travel insurer will provide me with business accident/emergency medical travel insurance (“Travel Insurance”) for my destination(s). (Unavailability of such coverage further evidences seriously heightened risks.)

I understand I am not required and may not be pressured to travel to any location. I also understand that there are heightened security, medical, and/or natural disaster risks in travel to locales about which DoS, CDC, and/or WHO have issued a travel warning. I believe that my trip is essential notwithstanding such risks and I freely and voluntarily choose to accept and assume such risks.

I understand that conditions in my destination(s) and in the United States may change rapidly and I will stay informed of current events on a frequent basis by monitoring Department of State COVID-19 travel information (<https://travel.state.gov/content/travel/en/traveladvisories/COVID-19-Country-Specific-Information.html>), and obtaining updated security and health information from the public health and state agencies (for domestic travel) or from the nearest U.S. Embassy or Consulate General (visit <https://travel.state.gov/content/travel/en/us-visas/visa-information-resources/list-of-posts.html>) and from the ISOS, DoS, CDC and WHO websites (for international travel), as applicable.

If I am traveling outside the United States, I will register with UChicago Traveler (<https://traveler.uchicago.edu/>) furnishing the details of my travel in order to be enrolled in the UChicago International Travel Emergency Assistance Program. In addition, if I am a U.S. citizen, I will enroll in the DoS Smart Traveler Enrollment Program (<https://step.state.gov/>). If I am not a U.S. citizen, I will also register with my home country’s Embassy or Consulate and get updated information from the U.S. and my home country’s Embassies or Consulates. I understand the exclusions of the International Travel Assistance Program.

I understand that if public health measures cause delays in returning from countries affected by COVID-19, the University may be unable to help me and/or my co-travelers return in a timely way.

I have received information regarding International SOS (ISOS) travel assistance services (<https://www.internationalsos.com/>; membership number 11BCAS084635) and downloaded a copy of their travel card from the ISOS UChicago Membership website or obtained a card through my registration with UChicago Traveler. I will contact the Office of Risk Management (<https://rmia.uchicago.edu/page/risk-management>) should I need additional information. If I need security or medical assistance or information abroad, I will call ISOS at 215.942.8478.

I will regularly review US requirements for return travel to the US. I have a plan for getting a COVID test at my international destination in order to meet negative test requirements for US reentry.

I will quarantine for the number of days required by the University and public health ordinances, effective at the time of return, before returning to campus or performing any other in-person work.

SIGNATURE OF TRAVELER	DATE
SIGNATURE OF CHAIR	DATE
SIGNATURE OF DEAN	DATE