

# International Travel Approval & Resources

Email this form as an attachment to appropriate approver  
Required for travel to a level 4-do not travel country

		Date of Request:
Traveler Name:		Pacific Email:
Department/Division:		Telephone No.:

PART I -- TRAVELER DETAILS, REQUIREMENTS & RISK			REQUIRED
Complete a separate row for each leg of travel or separate travel activity			
Travel dates	Destination – City, Country	Activity – include activity, institution or conference name & link	

I understand that many travel insurance companies consider COVID-19 a foreseeable circumstance, which disqualifies travelers from receiving benefits under Trip Cancellations and Interruption Benefits. If I am required to leave or evacuate my destination country before my intended return date due to a resurgence of COVID-19 at my destination or for any other COVID-19 related reason, the travel insurer may not financially reimburse me for return travel costs. However, if I am ill with COVID-19 or other conditions, most travel insurance companies will respond as country and other restrictions allow, and I will check with my travel insurer if I have questions.

I will purchase airfare that allows changes to reduce my financial losses if the trip is cancelled or interrupted.

I understand that if there are subsequent COVID-19 or new coronavirus variant outbreaks, the destination country may unexpectedly close borders, return to strict social distancing, and restrict travel, which could prevent return to the U.S. for an indefinite time.

I understand I am financially responsible for any extraordinary charges (beyond those considered reimbursable by my travel insurance) due to new variant emergencies or COVID-19 outbreaks, including but not limited to costs for country entry requirements (e.g., isolation, quarantine, testing); quarantine or isolation costs if showing symptoms; re-entry requirements if I choose to travel outside of my destination country; or costs incurred to comply with host country regulation not herein or known beforehand.

Immediately upon my return to a Pacific campus, I will participate in COVID-19 testing and follow University procedures depending on my test results.

<b>TRAVELER ATTESTATION</b>		
I have reviewed this page in detail and filled out all required portions. I attest that I understand and accept the risks noted above, as well as additional unstated travel risks, especially due to COVID-19. I will also review the resources on page 2.		
Traveler Name:	Signature:	Date:

# International Travel Approval & Resources

Email this form as an attachment to appropriate approver  
Required for travel to a level 4-do not travel country

<b>APPROVAL AUTHORIZATION FOR TRAVEL REQUEST</b>	
In approving this form, I have assessed operational consequences if 3 or more travelers to the same event/site are delayed in return to work. <i>I'll return a copy to traveler &amp; keep a copy in dept. files.</i>	Approved Not Approved
Dean Name:	Dean Title:
Dean Signature:	Approval Date:

<b>PART II – TRAVELER RESOURCES &amp; LINKS</b>	<b>CHECK FOR REQUIRED SECTIONS BELOW</b>
<b>EMERGENCY AND INFORMATION RESOURCES</b>	<b>STRONGLY RECOMMENDED</b>
Review the following resources before departure and keep these available during travel in case of emergency.	
<ul style="list-style-type: none"> <li>• <a href="#">Country Embassies</a> – select the appropriate country. Bring emergency numbers and location with you.</li> </ul>	
Review the appropriate public health recommendations & risk levels for my destination(s):	
<ul style="list-style-type: none"> <li>a. <a href="#">CDC COVID-19 Travel Recommendations by Destination</a></li> <li>b. <a href="#">U.S. Department of State Country-Specific Travel Advisories</a></li> <li>c. <a href="#">U.S. Department of State COVID-19 Country-Specific Information</a></li> <li>d. <a href="#">CDC Increased Risk for Severe Illness</a></li> </ul>	
<b>INTERNATIONAL TRAVEL INSURANCE</b>	<b>INCLUDED FOR BUSINESS TRAVEL</b>
International Travel Accident Insurance (For Pacific paid travel)	
<ul style="list-style-type: none"> <li>• Pacific Travel Emergency: 1-855-327-1414 (toll free) 1-630-694-9764 (direct).</li> <li>• Policy Number: ADD N0652350A</li> </ul>	
<b>RETURNING FROM TRAVEL</b>	<b>REQUIRED</b>
<a href="#">Check the US border requirements to return from travel.</a>	
<a href="#">If you are a Non-U.S. Citizen/Permanent Resident, understand the restrictions you face, and that they may change in the future.</a>	
<a href="#">Check and follow the testing and self-quarantine requirements upon return to the United States and return to work on campus.</a>	

Once you have completed the necessary fields above, email this form as an attachment to the appropriate approver.

Approval for university-sponsored international travel may only be provided by the appropriate academic dean, provost, or vice president.