

See Page 3 for approver names and links. Email this form as an attachment to appropriate approver.

Traveler Name:		UCSF Email:	
Dept., Division, or Institution:			

## 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

- |  |     |    |
|--|-----|----|
| 1. I attest that I am up-to-date on vaccines or that I have a formal exemption from UCSF.  | Yes | No |
| 2. I attest that I will register for UCSF international travel insurance (see resources on page 2).  | Yes | No |
| 3. I attest that I will follow current UCSF mandates for vaccinated or exempted UCSF employees during UCSF-sponsored activities while traveling (like masking except while eating, hand-washing, distancing, Indoor restrictions, etc.).   | Yes | No |
| 4. I attest that I will follow any additional required local or county requirements.   | Yes | No |
| 5. I have reviewed the appropriate public health recommendations & risk levels for my destination:   | Yes | No |
| a. <a href="#">CDC COVID-19 Travel Recommendations by Destination</a>  |     |    |
| b. <a href="#">U.S. Department of State Country-Specific Travel Advisories</a>   |     |    |
| c. <a href="#">U.S. Department of State COVID-19 Country-Specific Information</a>  |     |    |
| d. <a href="#">CDC Increased Risk for Severe Illness</a>   |     |    |
| 6. 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 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. |     |    |
| 7. I will purchase fully refundable airfare if possible, to reduce my financial losses if the trip is cancelled or interrupted.  |     |    |
| 8. 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.  |     |    |
| 9. 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.  |     |    |

### TRAVELER ATTESTATION

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. I will also review the resources on page 2. **This approved form must be attached to your reimbursement request through MyExpense.**

Traveler Name:	Signature:	Date:
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### APPROVAL AUTHORIZATION FOR TRAVEL REQUEST

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'll return a copy to traveler & keep a copy in dept. files.*  
**Note: per standard procedure for the university, the listed approvers in Part III may not sign his/her own form but must be approved by the person to whom they report or his/her designee.**

Approved
Not Approved

Approver Name:	Approver Title:
Approver Signature:	Approval Date:

## EMERGENCY AND INFORMATION RESOURCES

STRONGLY RECOMMENDED

Review the following resources before departure and keep these available during travel in case of emergency.

- [Country Embassies](#) – select the appropriate country.  
Bring emergency numbers and location with you \_\_\_\_\_
- If you have additional travel risk or security questions regarding your travel or destination(s), please contact [Andrew Sinclair](#), Global Security Risk Analyst

## INTERNATIONAL TRAVEL INSURANCE

REQUIRED

International Health Insurance – Check COVID policies.

- UC Travel Insurance: **free and required for UCSF-sponsored travel**. If travel is not booked through Connexus, you must [register before departure](#)
- [UC Personal Travel Insurance](#) or your choice of travel insurers: **recommend purchase for non-UCSF travel**

Bring emergency phone & policy numbers with you:

- UCSF Travel Emergency: 1-630-694-9804 (outside US, collect); 1-855-327-1420 (in US).  
Policy Number: \_\_\_\_\_
- **OR** your personal insurance emergency numbers \_\_\_\_\_

## ADDITIONAL LOCATION AND RISK FACTORS

STRONGLY RECOMMENDED

Is PPE Available at your destination? If not, carry an adequate supply.

[Describe any current flight, travel or border restrictions:](#)

Describe the Following In-Country Conditions and Public Health Requirements below using [U.S. DOS COVID-19 Country-Specific Information](#) – if sufficient information is not available, also check [covidcontrols.co](#) (select country by clicking on the map):

- Arrival Testing or COVID-19 Document Requirements:

- Arrival Quarantine Requirements:

- Other Public Health Requirements Including Masking, Testing, Distancing, and Curfew:


Search online and personal contacts for ICU bed capacity at present where you plan to travel:

No concern regarding beds

Beds limited

Unable to Determine

## RETURNING FROM TRAVEL

REQUIRED

[Check the US border requirements to return from travel.](#)

[If you are a Non-U.S. Citizen/Permanent Resident, understand the restrictions you face, and that they may change in the future.](#)

[Check and follow the testing and self-quarantine requirements upon return to San Francisco.](#)

## PART III – APPROVER NAMES & LINKS

*This form is not for use by students*

Once you have completed the necessary fields above, email this form as an attachment to the appropriate approver, based on the information below. *This approved form must be attached to your reimbursement request through MyExpense.* Please take this form abroad so you have emergency phone numbers and links in case of emergency.

*Note: per standard procedure for the university, the listed approvers below may not sign his/her own form but must be approved by the person to whom they report or his/her designee.*

### **Approvers for Requests by Faculty, Research-Related Staff, and Administrative Staff (from departments or institutes), Post-Docs, Fellows, Residents, and Independent Contractors**

Approval for university-sponsored international travel may only be provided by the appropriate Departmental Chair or Institutional Director or their designees. Research-project staff, including postdoctoral scholars, and independent contractors must have essential approval requests submitted by the UCSF principal investigator or chief administrator of the project. Research-project staff, including postdoctoral scholars, and independent contractors must have essential approval requests submitted by the UCSF principal investigator or chief administrator of the project.

#### **SOM Department & Institute Chairs and Directors**

<https://medschool.ucsf.edu/sites/medschool.ucsf.edu/files/inline-files/Departments%20ORUs%20and%20IDCs%20Chairs%20and%20Directors%20and%20Assistants%20by%20Unit%2002-14-22%20PJM.pdf>

#### **SOP Department Chairs and Directors**

<https://pharmacy.ucsf.edu/about/administration/department-chairs>

#### **SON Department Chairs and Directors**

<https://nursing.ucsf.edu/about/our-organization/departments>

#### **SOD Department Chairs and Directors**

<https://dentistry.ucsf.edu/about/academic-departments>

#### **IGHS Funded Work**

For Faculty: [Jaime Sepulveda](#)

For Staff: [Georgina Lopez](#)

### **Approvers for Requests Pertaining to Other Administrative Office Staff or Recruitments**

Approval for university-sponsored international travel by other administrative office staff may only be provided by leadership based on the Offices where they are assigned or the approvers' designees:

#### Chancellor's Office

- Chancellor's Immediate Office designee: [Terri O'Brien](#)
- Office of University Development & Alumni Relations: [Erin Hickey](#)
- Office of Communications: [Won Ha](#)
- Office of Community & Government Relations: [Francesca Vega](#)
- Office of Diversity and Outreach: [Renee Navarro](#)
- Office of Legal Affairs: [Greta Schnetzler](#)
- Office of Science Policy & Strategy: [Keith Yamamoto](#)
- Office of Chief Ethics and Compliance: [Brian Smith](#)

Executive Vice Chancellor & Provost designee: [Clarice Estrada](#)

Finance & Administration designee: [Stephanie Mackler](#)

Director of Talent Acquisition for recruiting visits: [Steven Wiseman](#)

UCSF Health CEO designee: [Cynthia Chiarappa](#)

**Vice chancellors, vice presidents and above, or their designees can also approve university-sponsored international travel for their teams/personal staff.**