

The University of Arizona mitigation plan for domestic out-of-state travel during the Coronavirus pandemic requires travel to be deemed essential and approved by senior leadership. This form allows University travelers to identify his/her risk assessment and provide senior leadership with the details in order to make an informed decision to approve travel.

Traveler must email this completed form to their direct report for review and obtain approval by senior leadership of the unit (Research Innovation & Impact, Office of the Provost, or Senior Vice President). The approval email and this form must accompany the Travel Authorization for official University record of essential travel. NOTE: This form is not required for International Travel; [UA Travel Registry](#) will be utilized.

<b>Traveler Name:</b>	<b>NetID:</b>	<b>Request Date:</b>
<b>Department:</b>	<b>Affiliation (During Travel):</b>	<b>Departure Date:      Return Date:</b>
<b>Business Office Contact Name:</b>	<b>Business Office Phone:</b>	<b>Business Office Email:</b>

**Domestic Destination(s):**

**Business Purpose/Activities:**

#### **ADDITIONAL TRAVELER(S) INFORMATION\*\***

*If travel is approved, a Travel Authorization is required for all University of Arizona travelers.*

<b>Name</b>	<b>Affiliation (During Travel)</b>	<b>Describe Need for Participation</b>

#### **ESSENTIAL TRAVEL CRITERIA**

*Please indicate which criteria this request meets. Provide justification in question #1.*

*If unable to travel, which of the following are highly likely:*

- ☐ Loss of grant or contract funding due to failure to meet required deadlines/deliverables, and/or loss of ability to gather time-sensitive, seasonal data
- ☐ Significant damage to relationship with institutional partner/collaborator/community agency
- ☐ Significant delay or negative impact on career progression for assistant professors/early career researcher
- ☐ Significant delay in academic progress, degree completion, or graduation
- ☐ Significance of research for understanding and mitigating the public health, economic, and social consequences of the COVID-19 pandemic

1. Please provide a brief statement documenting how this travel is deemed essential to your work and/or role at the University of Arizona:
2. If **in-person** meetings are inclusive of this travel, please provide the potential names of individuals you may come into close contact with while conducting University business:
3. Please describe the traveler's assessment of the [destination](#) regarding appropriate medical facilities, bed capacity, number of reported Coronavirus cases and traveler's mitigation plan to maintain CDC requirements (required for each location traveler visits):
4. Please identify any potential risk factors, hazards and/or required restrictions for consideration for the travel destination(s):
5. Please describe the traveler's contingency plan should a stay-at-home quarantine be implemented **at the travel destination** city/location. NOTE: This plan and additional costs should be approved by the college business office for budgetary oversight. Traveler returning from travel must bear the cost of self-quarantine should a home quarantine not be available.
6. When traveling by airline, does the traveler have the ability and is prepared to self-quarantine for 14-days and not return to campus?  
☐ Yes  
☐ No, travel must be cancelled or alternative acceptable plan in place
7. Does the traveler have adequate Personal Protective Equipment (PPE) (e.g., facial masks, hand sanitizer) to conduct business appropriately?  
☐ Yes (please describe)  
☐ No, traveler will contact department administration and obtain PPE required to travel or delay/cancel travel

I certify that I have reviewed the Coronavirus [CDC requirements](#) and will actively social distance, disinfect, and utilize PPE for the safety of myself and others. I will take appropriate efforts to reduce the risk of spreading/contracting COVID-19, have done a self-assessment based on the CDC guidelines, have the means to self quarantine at my expense, and request approval for the travel proposed above.

<b>Traveler Signature:</b>	<b>Date:</b>
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**Additional Resources for traveler:**

14.18 Coronavirus Travel Authorization Policy: <https://policy.fso.arizona.edu/fsm/1400/1418>

CDC Considerations for Travelers: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

**\*\* If more than three travelers please attach a roster and itinerary.**