IUP Travel Petition for Mission Critical Activities February 2021

For this petition to be considered, the petitioner needs to make it clear that the petition meets all of the following standards for COVID safety for both mission critical activities and travel: IUP, PASSHE, PA Department of Health, PA Department of Education, CDC, U.S. State Department, and all guidelines of the host countries (if international travel).

# Biographical Information

* Name
* Position
* Department
* Mission Critical Activities which cannot be postponed or conducted virtually – Select One:

Off-Shore Teaching Other (describe and explain why it is mission critical)

# Travel Details *All travel details, full itinerary and emergency contact information must be submitted prior to departure; including:* [*https://www.iup.edu/financialoperations/services/travel/international-travel/*](https://www.iup.edu/financialoperations/services/travel/international-travel/)

* List International Location(s) – including layovers
  + Provide details of the necessary steps you will take to mitigate health risks and ways you will adhere to local COVID-19 requirements and restrictions (e.g. quarantine period, masking, social distancing, sanitizing, etc.)
* Proposed Departure Date
* Proposed Return Date
  + Effective January 26, 2021, the U.S. requires all travelers entering the U.S. to show proof of a negative COVID-19 test. Regardless of vaccination or antibody status, travelers must get tested no more than 3 days before departing for the U.S. and must show a negative result to the airline before boarding a flight.
  + If not fully vaccinated against COVID-19, outline the necessary steps you will take to mitigate health risks when entering the U.S. and ways you will adhere to Pennsylvania COVID-19 requirements and restrictions (e.g. quarantine period, masking, social distancing, sanitizing, etc.)
* Department of State Travel Advisory Level 1 2 3 4

<https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html/>

* Center for Disease Control Risk Assessment Level 1 2 3 4

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>

* Briefly outline a contingency plan if issues should arise (e.g. travel disruption, border closures, etc.)

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# COVID-19 Vaccination Details *Submit a copy of vaccination card, if applicable*

* I received/will receive the COVID-19 vaccinations as follows:

**1st Vaccination Date** **2nd Vaccination Date**

# Travel Applicant

* Signature Date

**IUP Approvals**

* Dean Signature Date

(***Faculty Requests***)

* Head of Department Signature Date

(***Non-Faculty Requests***)

* AVP: Intl Ed & Global Engage Signature Date
* Appropriate Vice President or CM Signature Date

**Comments**

* Questions/Concerns
* Final decision Approve Deny
* Notification
* Deadline for submission of additional documentation (all travel details, full itinerary and emergency contact information)