

## Appeals to COVID-19 Domestic Travel Policy

**Instructions:** Sufficiently prior to travel and before making any financial commitment, faculty, students, and staff may seek an exception to the COVID-19 travel policy for extraordinarily essential circumstances. Please carefully review the COVID-19 travel policy, complete the information below, then route to the sending department or support unit and College Dean’s Office, or Vice Chancellor’s Office for a support group, for a case-by-case review. Appeals of a Dean’s decision (or of an equivalent for support units) may be made to the appropriate Vice Chancellor (e.g. Student and Academic Affairs, Athletics, or Research and Innovation). The Travel Office will be the final approval step before any financial commitment may occur. All documented approval must be attached to a Spend Authorization in Workday prior to travel.

*NOTE: Travelers must assess their health needs and make the decision to travel accordingly. Understand that some people may be higher risk for severe illness, such as older adults and those with chronic medical conditions.*

*This document is used for domestic travel appeals\* due to COVID-19; international travel appeals are managed through the [International Travel Registration](#) through the Office of Study Abroad per [Academic Policy 1835.00](#). \*Student-initiated travel must also meet the conditions outlined in [FPP 332.4](#).*

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Name of Faculty or Staff Traveler(s)\*\*:

Name of Student Traveler(s)\*\*:

Department & College:

Type of Travel:

Purpose of Trip:

Trip Destination (City, State):

Departure Date & Time:

Return Date & Time:

Primary Method of Transportation Used:

*\*\*If more than one traveler, please attach supplemental information with each traveler name & ID.*

Itinerary & Accommodations:

Dates	Address (City, Hotel, Institution, etc.)

## Justification:

1. Describe the importance of travel, addressing the academic need and lack of non-travel alternatives.
2. Address the risk factors for travel, including but not limited to: destination of travel, risk of infection associated with mode of travel during/to/from destination, risk of infection associated with location(s), community infection rates at destination, travel duration, potential for exposure at the event or activity, potential for quarantine or isolation upon arrival and return.
3. Address the planned risk mitigation factors associated with the risk factors in #2, including but not limited to: awareness of local regulations, traveler quarantine requirements, social distancing, appropriate face coverings, personal sanitation and hygiene, safe transportation arrangements (e.g. avoid re-circulated air function, ensure good ventilation, limit number of passengers), sanitary and safe housing arrangements, planned safe meals and entertainment, personal interaction and meetings, awareness of local regulations and laws to prevent infection, contact tracing following exposure to infected individuals or groups, and response to potential positive tests upon return. *Risk mitigation should follow CDC guidelines for travelers; see key guidelines from CDC's Domestic Travel During COVID-19 site:*  
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>.
4. *For student group, team or activity travel:* All travel participants in the group or activity must have a COVID PCR test 4-5 days prior to departure. Participants must provide evidence of a negative test result to the sponsoring department or unit at that time. If a traveler tests positive, s/he may not participate in the travel or activity and should [self-report following university procedures](#). Upon return, travel participants must quarantine for 10 days. Participants who wish to submit to a PCR test should wait until 5 days after return from travel. After a negative test result and no symptoms are reported to the sponsoring department or unit, students may return to normal educational and co-curricular activities after the end of 7-days of quarantine following [ADH guidelines](#). Alternatively, after the 10-day quarantine, participants may return to regular activities as long as no symptoms have developed and no positive testing has occurred. Participants who develop symptoms should contact their primary care provider or Pat Walker Health Center for testing and care. Participants should be aware that a positive test result could require an additional isolation period. Participants must report the result of a positive test appropriately and follow ADH guidelines for isolation and [self-report following university](#)

[procedures](#). Travelers must meet all other campus policies related to [student travel](#) and [student classroom attendance](#). Violations of the travel restriction policy including necessity of appropriate testing will be reported to OSSC.

- An exception to the testing-for-travel requirement will be granted if a participant has verifiable evidence of receiving complete immunization vaccinations for COVID-19.
- This does not include travel for NCAA-sanctioned events which have been reviewed and approved by the Vice Chancellor for Athletics.

\_\_\_\_\_  
*Name of Sponsoring Department Contact to whom PCR results will be reported prior to travel*

\_\_\_\_\_  
*Dates of PCR test window before travel*

\_\_\_\_\_  
*Date quarantine ends upon return, assuming no symptoms & negative test result*

OR

\_\_\_\_\_  
*Date quarantine ends upon return, assuming no symptoms & no test taken*

*For student-initiated travel only:* Per the [Student Travel Regulations](#), emergency contact information (and optional health insurance information) must be collected from each person on the trip prior to leaving. Two copies of this will be kept, one with the sponsor or someone on the trip, and one with someone here at the university. Please list the name and telephone numbers, both at work and at home, of the **person at this university** who will have this information.

Name:

Work Phone:

Other Phone:

Department Head/Chair Signature or Support Unit's Supervisor & Decision:

Date:

College Dean Signature & Decision:

Date:

If applicable, Vice Chancellor Signature & Decision:

Date: