International Travel Authorization Request Form for Faculty and Staff

Use this form to request **advance approval** of travel outside the United States or Puerto Rico. For International travel, **Research Assistants, Teaching Assistants, and Teaching Associates must follow the student process**.
utdallas.edu/rs/student-authorization/

- Institutional authorization must be obtained prior to departure.
- Registration of the trip in International SOS (ISOS) must occur prior to departure. utdallas.edu/rs/isos/
- This form can be filled out and signed with Adobe. utdallas.edu/rs/signwadober

Collect required documents:

- International Travel Authorization (ITA) form. utdallas.edu/rs/files/ITA_faculty_staff.pdf
- Travel to Cuba has travel restrictions and requires a certification of activity letter: utdallas.edu/rs/cuba-travel/
- Some destinations requiring risk authorization need more documentation: http://www.utdallas.edu/rs/hrr/

Request travel authorization:

1. Fill out the ITA form and include additional required documents as applicable
2. Obtain Immediate Supervisor Authorization
3. Submit the request to International Risk and Safety a minimum of 15 business days prior to departure:
   a. If the traveler will take UTD-owned devices or equipment, submit the request to the Office of Research Compliance (ORC) at conor@utdallas.edu – ORC will route it to International Risk and Safety at IRSO@utdallas.edu.
   b. If the traveler will not take UTD-owned devices or equipment, submit the travel request directly to IRSO@utdallas.edu.

Monitor that your traveler obtains travel authorization prior to departure

4. International Risk and Safety will:
   a. Request risk authorization on the traveler's behalf as needed. Decision may take up to 5 business days.
   b. Review request for completeness, and request the Unit any missing information or documents.
   c. Review registration of the trip in International SOS, and notify the Unit when this requirement has not yet been met. The Unit is expected to inform the traveler so the traveler can take action.
   d. Route the travel request to the President or President's Designee with copy to the contact person listed on pg 4.
5. The President or President's Designee will
   a. Review the request and sign to provide institutional authorization.
   b. Return a copy to the contact person listed on pg 4 and to IRSO@utdallas.edu.
   c. Please note the U.S. government requires 5 year retention for travel to Cuba documentation.
   d. At this point the travel authorization process is complete.

Ensure trip registration for your traveler

6. Trip registration is a UT System requirement and an element of your traveler's safety net. Registration for destinations booked through the University Contracted Travel Agencies is automatic. For destinations reached using personal or other outside arrangements, the traveler must take action to register them. Find instructions at: utdallas.edu/rs/isos/mytrips/

Denials

7. If at any point in the authorization process the travel request is denied, the request will be returned unsigned to the contact person noted on pg 4. If denial occurs at the President's Designee level, the request with be returned with copy to IRSO@utdallas.edu.

International Travel Authorization Request Form for Faculty and Staff

This form is used to request **advance approval** of travel outside the United States or Puerto Rico.
For international travel **Research Assistants, Teaching Assistants, and Teaching Associates** must follow the student process.
Institutional authorization and registration of the trip in ISOS must occur prior to departure.
This form can be filled out and signed with Adobe, and routed by e-mail. Instructions at: utdallas.edu/rs/signwadober.

A. Description of Travel. *Fill out all pages of this form. Have the traveler sign on pg 4 before sending the form for approvals.*

Traveler's name

Title/Department   UTD e-mail

Purpose of Travel

Benefit to UT Dallas

Enter the official activity itinerary for this trip on pg 4

Is the trip funded in part or fully by UTD (transportation, meals, lodging, or other reimbursable expenses)?

◯ YES   Cost Center   Estimated Expenses   ◯ NO

B. Immediate Supervisor Authorization. *Signature indicates authorization for this trip. If denied, return to the traveler.*

Name (print)	***Signature***	***Date***

For section C. If the traveler is taking UTD-owned devices or equipment, route to the Office of Research Compliance (ORC) at conor@utdallas.edu. ORC will route to International Risk and Safety. Otherwise, indicate the traveler will not carry and route directly to International Risk and Safety at IRSO@utdallas.edu.

C. Research Compliance Authorization. *Signature indicates an export license is not required for carrying outside of the US the items described in section I. When signed, route to International Risk and Safety at IRSO@utdallas.edu. If denied, return to the contact person noted on pg 4.*

◯ Traveler <u>will</u> carry UTD-owned devices or property   ◯ Traveler <u>will not</u> carry UTD-owned devices or property

Name (print)	***Signature***	***Date***

D. International Risk Authorization. *Signature indicates review of destination for this trip and when applicable, risk authorization. When signed, route to the President or the appropriate President's Designee. If denied, return to the contact person noted on pg 4.*

◯ IOC authorization not required   ◯ IOC authorization required

Name (print)	***Signature***	***Date***

E. President or President's Designee Authorization. *Sign only once step D is complete. Signature indicates institutional authorization for this trip. Route a copy to the contact person noted on pg. 4 of this form, and a copy to IRSO@utdallas.edu. If denied do not sign and return to the contact person noted on pg 4 and IRSO@utdallas.edu.*

Name (print)	***Signature***	***Date***

F. Duties Disposition and Dates of Absence. *Select the appropriate duties disposed and fill out the statement field. Enter the estimated dates of absence to inform your department how long you will be away.*

◯ Research   ◯ Organized Classes   ◯ Administration   ◯ Other   ◯ None

Statement of Disposition of Duties. *Include name and title of personnel covering traveler's duties:*

Estimated Dates of Absence *(mm/dd/yy)* _____   through _____

G. License Exception Information. *Fill out only when you will carry UTD-owned equipment or devices outside of the U.S. for the trip described in this form.*

UTD Tag# _____   Description _____

UTD Tag# _____   Description _____

UTD Tag# _____   Description _____

The export of electronic devices, technology, commercial software, and encryption code is subject to export control regulations. **These items include laptops, smart phones, tablets and digital storage devices**. The Department of Commerce's Export Administration Regulations (EAR) makes an exception to licensing requirements for the temporary export or reexport of certain items, technology, or software for professional use as long as the criteria to which you are certifying below are met. The exception does not apply to:
- EAR satellite or space-related equipment, components, or software; or,
- Technology associated with high-level encryption products; or,
- Defense items, technology, data, or software regulated by the Department of State's International Traffic in Arms Regulations (ITAR).

For more information about how export control regulations can affect your international travel, visit the Office of Research Compliance Export Controls page (utdallas.edu/research/orc/export_control/)

H. Traveler Acknowledgements

UTD-owned devices or property
I agree to the following statements pertaining to my use of and responsibility for UTD-owned devices or property while I travel internationally on behalf of UT Dallas:

1. I will ship or hand-carry the items, technology, or software as a "tool of the trade" to conduct UT business only;
2. I will return the items, technology, or software to the U.S. no later than 12 months from the date of leaving the US unless the items, technology, or software are certified by me to have been consumed or destroyed abroad during this 12 month period;
3. I will keep the items, technology, or software under my "effective control" while abroad (defined as retaining physical possession of item or keeping it secured in a place such as a hotel safe, a bonded warehouse, or a locked or guarded exhibition facility);
4. I will take security precautions to protect against unauthorized release of the technology while the technology is being shipped or transmitted and used abroad such as: a. use of secure connections when accessing e-mail and other business activities that involve the transmission and use of the technology,
    a. use of password systems on electronic devices that store technology, and
    b. use of personal firewalls on electronic devices that store the technology;
5. **I will not ship or hand-carry the items, technology or software to Iran, Syria, Cuba, North Korea, or North Sudan**. If I am planning to travel to these countries, I will consult UT Dallas' Export Controls Officer in the Office of Research.

International Travel
I understand that prior to departure I need to register my trip in International SOS (utdallas.edu/rs/isos/) and obtain institutional travel authorization (utdallas.edu/rs/staff-authorization/)

I. **Insurance information.** *If you do not know your enrollment status in the* *UT Employee Benefits plan, contact the UT Dallas Benefits Office at* *benefits@utdallas.edu.*	
O I am enrolled in the UT Employee Benefits program • Review the UT System Benefits While You Travel webpage. • Review the information for the International SOS program and the UT SELECT Medical in the Foreign Coverage Quick Reference Sheet. For questions on the ISOS program, contact IRSO@utdallas.edu. • ISOS coverage is based on the official activity dates, plus 2 weeks immediately before the start and after the end dates.	O I am not enrolled in the UTD Employee Benefits program • Option A. Purchase a personal business travel ISOS membership that includes medical coverage. Use UTD Membership ID#11BSGC000037 to get a discount. • Option B. If any medical expenses are advanced on your behalf by ISOS: Pay them to ISOS and then request reimbursement through your personal insurance provider. Review your out-of-network costs if any with your personal insurance provider.

J. **Trip itinerary.** *Enter the itinerary for the official activity (ies). Start and end dates of the official activity, its location, and a brief description. Enter one city per row. Feel free to add a separate page with this information.*
Ex. 03/19/19 to 03/23/19 – Madrid, Spain – Present paper at 2019 RSAE conference.

Start date	End date	City	Country	Official Activity Description

K. **Lodging Information.** *Enter lodging information to give International SOS a dot on a map for evacuation purposes. Enter the Hotel name (if staying in a private residence state so), the anticipated dates you plan to be there, address and phone number as dialed from the U.S. You can also enter this information directly in ISOS.*
Ex. Jan 02 to 11. Holiday Inn. Address: 4 Rue Danton, 75006 Paris, France. Ph: +33 1 81 69 00 60

Site 1	
Site 2	
Site 3	
Site 4	

L. Emergency Contact Information.

Mobile # to reach you at during your trip _____

Emergency Contact Name _____

E-mail _____   Phone _____

M. **Traveler Signature.** *Your signature indicates agreement with the information on this form.*

_____	_____	_____
Name (print)	*Signature*	*Date*

Contact Person _____

E-mail _____   Phone _____