

EAST STROUDSBURG UNIVERSITY
COVID-19 TRAVEL BAN EXCEPTION REQUEST

Name of Traveler: _____

Date Submitted: _____

The following questions must be answered:

1. Identify your ESU affiliation: Faculty Administrator Staff Student

2. Is the primary purpose of travel to conduct research/academic or professional activities that are time-critical, cannot be delayed without serious disruption to degree/career advancement or funded contracts, and cannot be performed remotely? If yes, please explain:

No Yes

3. Has funding been allocated, either internally or externally, for this travel? If yes, please provide source of funding and estimated total travel amount that is to be funded through ESU for this travel.

No Yes

Estimated Travel Amount: _____

Internal Funding Source (Fund Center): _____

Other Funding Source (Please identify): _____

4. Review the levels of risk according to the Centers for Disease Control and Prevention (CDC) and the respective country or state's travel advisory list. See also the State Department's Travel Advisory. Can these levels of risk be managed by the traveler? Detail the risks, and explain how they will be managed below:

No Yes

5. Does the research/academic or professional activity and planned travel follow all COVID-19 laws, regulations, and protocols established by the traveler's home and destination countries or state? Explain as appropriate below:

No Yes

Travel Requirements Representation Related to COVID-19

By signing below, I certify that I am aware that due to health and safety concerns caused by the Coronavirus 2019 (COVID-19), many international, federal, state, and local governments have implemented quarantine guidelines and other COVID-19 containment requirements for international and domestic travelers. While traveling and upon my return, I hereby agree to comply with all international, federal, state, local, and university requirements and guidance relating to COVID-19. Further, I understand and agree that travel during a pandemic involves a risk of contracting COVID-19, or some other virus or sickness.

By engaging in this travel, I acknowledge and accept these risks. By signing this form, I affirm that the travel request addresses the above questions completely and thoroughly, the travel request meets the criteria of being essential and location-specific, and understand that approval of a travel-ban exception may be changed as a result of new COVID-19 information.

In addition to the above,

I certify that I will be fully vaccinated against COVID-19 by the date of departure.

OR

I have an exemption because of a: Medical Condition Documented Disability Religious Belief

SIGNATURE OF TRAVELER

Approvals

SIGNATURE OF DEAN / DIRECTOR

SIGNATURE OF VICE PRESIDENT / PRESIDENT