



College of Southern Nevada

International Travel Authorization Request

Date _____

Job Title _____

Please check the appropriate box:

Employee with health insurance provided by PEBP

Employee with other health insurance (attach proof of accident and health insurance)

Volunteer conducting CSN business (attach proof of accident and health insurance)

Student (attach proof of accident and health insurance)

Student worker on paid status (attach proof of health insurance)

* Rental Car Insurance is required if the traveler without insurance by PEBP will rent automobiles overseas. *

THIS FORM SHOULD BE ATTACHED TO A SPEND AUTHORIZATION IN WORKDAY WITH DEPARTMENT APPROVAL AT LEAST 30 DAYS PRIOR TO TRAVEL. Requests received fewer than 30 calendar days prior to the date of travel may not have adequate time for review and approval.

1. TRAVELER AND TRIP INFORMATION

Name _____ Department _____

Work Phone _____ Cell Phone _____

Work E-mail _____ Personal E-mail _____

Dept. Contact _____ Dept. contact phone _____

Emergency Contact _____ Emergency contact phone _____

Departure Date _____ Return Date _____

Passport Number _____ Passport Expiration Date _____

Purpose of Trip (*Do not use acronyms):

Destination (*include city and country):

If you are traveling to multiple locations, attach a tentative itinerary including dates at each location.

2. SAFETY AND RISK ASSESSMENT

Part A:

Do any of your specific destinations have a Department of State travel advisory level of 3 or 4? ☐ Yes ☐ No

For current travel advisory levels, visit the [U.S. Department of State Travel Advisory](https://travel.state.gov) website and search your destination(s). **CSN international travel policy does not authorize any travel with advisory level of 3 or 4.**

Employees traveling without students: stop filling out this form. Instead fill out the Employee International Travel Authorization and Risk Assessment Form. If no, continue to part B and C and complete the form.

Part B:

Are you a CSN employee leading students? ☐ Yes ☐ No

Are you a student traveling without an accompanying CSN employee? ☐ Yes ☐ No

If yes to either question, please also attach an International Travel Student Safety and Risk Assessment Form

Part C:

Do any of these destinations have vaccination requirements? If so have you received the appropriate vaccinations?

☐ Yes ☐ No

If you are traveling with others, please list names/affiliations:

3. LODGING INFORMATION (OR ATTACH ITINERARY)

Location Name: _____

Location Phone: _____

Arrival Date: _____ Departure Date: _____

Location Name: _____

Location Phone: _____

Arrival Date: _____ Departure Date: _____

4. AIRFARE INFORMATION (OR ATTACH ITINERARY)

Departure Date: _____ Departure Location: _____

Departure Time: _____ Arrival Location: _____

Arrival Time: _____ Airline/Flight # _____

Departure Date: _____ Departure Location: _____

Departure Time: _____ Arrival Location: _____

Arrival Time: _____ Airline/Flight # _____

5. EXPORT CONTROLS & ECONOMIC SANCTIONS REVIEW

List all NSHE-owned or CSN-owned equipment, material, and/or technology that you will be taking or shipping:

Is a foreign sponsor paying for any portion of this trip, or reimbursing you for any travel expenses?

☐ Yes ☐ No If yes, who is the sponsor?

Is travel being paid for with Federal funds?

☐ Yes ☐ No If yes, travel must comply with the Fly America Act (49 U.S.C. 40118).

Sponsored Projects may contact you for additional information. If applicable, export licenses must be obtained prior to departure; allow sufficient time for processing.

6. CONFIRMATION & SIGNATURES

The traveler must comply to NSHE International Travel Policy. Please submit a copy of this form to Risk Management for review. Michele.washington@unlv.edu

Date

Email

By signing below I acknowledge my understanding of the following: 1.) Travel is not approved until all required signatures are obtained and the spend authorization has been approved in Workday. 2.) I must submit an expense report in Workday within fifteen (15) days after completion of the trip with remittance of any balance due the college. If no expense report is submitted, I will be liable for the full cost of any travel advance I received, plus any subsequent collection costs, through payroll deductions.

Traveler Signature (Required)

Print Name

Date

Dean or Director Signature (Required)

Print Name

Date

Additional Signature (If Required)

Print Name

Date

ONCE SIGNATURES ABOVE ARE OBTAINED, PLEASE SUBMIT THIS FORM AS AN ATTACHMENT TO A SPEND AUTHORIZATION IN WORKDAY.

To be obtained by Risk Management if neccessary:

Authorized by Vice President (If Required)

Print Name

Date