

Global Safety & Security Office of the Provost

GROUP RED-LEVEL CERTIFICATION

FORM INSTRUCTIONS

You should use this form as a group organizer to document the necessary certification for group travel to a destination requiring red-level certification under the permissible travel guidelines. Once completed, this form should be scanned and uploaded as part of your travel registration in Enroll My Trip. A completed copy must be provided to all group participants for their review and for the opportunity for them to have any questions addressed on travel risks and mitigations.

For questions regarding this form or the certification processes, contact Global Safety & Security (globalsafety@princeton.edu).

SECTION 1: SPONSOR, TRAVEL AND TRAVELER DETAILS								
		S	Sponsoring Depa	artment/Prog	ram			
Program				Departmen	Department			
		Gr	oup Travel Point	t of Contact D	Details	-		
Last Name				First Name				
Email				Phone Number				
			This group tra	avel involves.				
		ergraduat	es	🗆 Grad	Graduate Students			
Travel Details (for any additional locations, please include in continuation sheet)								
	Travel Lo	ocation(s)				Proposed 1	Travel Dates	
City			Country			From	То	
			TRAVEL PA	RTICIPANTS				
Family/Last Name			Given/First Name			Email		



TRAVEL PARTICIPANTS (continued) For programs exceeding 25 attendees, please capture attendees in a continuity sheet and attach separately				
Family/Last Name	Given/First Name	Email		

SECTION 2: PURPOSE OF TRAVEL AND ALTERNATIVES

Please provide a statement that describes the purpose of this travel, including the expected results or benefits to the participants and/or the University. Please also describe any possible alternatives to this travel that might provide the same kind of results or benefits. Feel free to attach continuation sheets, as needed.



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SECTION 3: PLANNED RISK MITIGATIONS

After reviewing <u>the destination risk materials posted online by GS&S</u> for the destination(s) you listed above, please summarize the key risks to you posed by conditions in the destination(s), as you understand them.

Please then discuss how you propose to mitigate those risks during your trip, whether through your abilities and experience, training, or other specific measures you will take. There is no need to mention the University's standard support for all of our international travelers. Feel free to attach continuation sheets, as needed.

SECTION 4: TRAVELER ATTESTATION

Indicate Yes/No for all statements and sign where indicated.

___ yes Group travel is feasible because all of the following are true:

- Each group member's passport is valid for travel to the proposed destination(s).
- □ The travel is allowed under U.S. laws and regulations, including export control regulations and applicable sanctions.
- □ The travel is allowable under and can be performed in full compliance with the laws and regulations of the destination, including but not limited to those dealing with immigration, customs, and taxation.
- Group members can enter the destination(s) without having to submit to any government-imposed restrictions on their freedom of movement, other than a quarantine lasting ten days or less that is completed in a location of the traveler's choosing.
- □ The destination(s) is/are not subject to local or national-level "stay-at-home," lockdown, martial law or other order(s) preventing freedom of movement, other than overnight curfews lasting no more than 10 hours.
- <u>yes</u> This group travel is University-related.

___ No

___ No

- <u>yes</u> Although I am not the ultimate decisionmaker on whether to permit this travel, as the group organizer, I have
- _____ No reviewed the destination risk materials available online from GS&S, and believe that the benefits or results of this trip justify the risks identified to me.
- ___ Yes As the group organizer, I have made a good-faith effort to identify alternatives to traveling that could provide the
- N_0 same kind of benefits or results.



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Yes	As the group organizer,	I am satisfied that	I understand the risks	underlying the risk	category of the
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___ № destination(s), and I have had the opportunity to have GS&S answer any of my questions.

Yes I believe that the group's travel is vital to the University's teaching, learning, research, and/or service missions,
No or is for a vital student experience that cannot be replicated remotely.

Signature of Requestor:	Requ	uestor Name:
Date of Signature (<i>MM/DD/YY</i>):	Req	uestor Title:

IF YOU ONLY REQUIRE SELF-CERTIFICATION, STOP! SECTION 5 IS ONLY FOR USE WHEN A CERTIFYING OFFICIAL IS REQUIRED.

SECTION 5: CERTIFYING OFFICIAL DETERMINATION

I have reviewed all information in this request and have obtained any additional information I require from the group travel organizer or from GS&S in order to make a determination.

With due consideration for the purpose of travel described by the group organizer, the risk category assigned to the destination by GS&S, and the mitigations described above, I have determined in accordance with the travel policy that the benefits or results of this trip justify the risks, and that no reasonable alternatives have been identified.

I am satisfied that this trip is feasible and for a University-related purpose, according to the requirements of the current permissible travel guidelines.

Certifying Official comments, if any:

Signature of Certifying Official:

Printed Name of Certifying Official:

Title of Certifying Official:

Date of Signature (*MM*/*DD*/*YY*):