LSU
LOUISIANA STATE UNIVERSITY

CAMPUS CORRESPONDENCE

Date: July 14, 2011

To: Vice Chancellors
Deans, Directors and Department Heads

From: Donna K. Torres, CPA
Associate Vice Chancellor for
Accounting and Financial Services

Re: FASOP: AS-18 "High Risk Travel to Restricted Regions"

LSU supports and encourages international travel and collaboration, and is equally committed to the safety and well-being of students, faculty and staff when they participate in these endeavors. Some areas of the world present heightened health, safety and security risks, particularly countries/regions that have been identified by the U.S. Department of State. In order to identify and mitigate the risk, the University has adopted a High Risk Travel policy, FASOP: AS-18 "High Risk Travel to Restricted Regions".

All requests for travel to countries with U.S. Department of State Travel Warnings must be approved by the International Travel Oversight Committee (ITOC). The ITOC is comprised of faculty, staff and administrators with experience in traveling internationally, knowledge of University travel regulations, and/or specialists in University Risk Management.

The travel authorization requests should be completed by the traveler, signed by their supervisor and also signed by their Dean. The FASOP lists the forms that must be attached to the travel authorization. Any authorization that is received without the required documentation will be returned to the traveler for completion. The travel authorization requests must be submitted 30 days in advance of the proposed travel, or as soon as the trip is known. No travel arrangements should be made until final approval is received from the Office of Academic Affairs. The University reserves the right to withhold reimbursement and/or take disciplinary actions for unauthorized travel.

Please disseminate this policy throughout your college, department, and/or office. If there are any questions concerning the policy, documentation requirements or any other matter, please feel free to contact me at dtorres@lsu.edu or (225) 578-1623.

xc: Chancellor Martin
Provost Hamilton
Vice Provost Cassidy
Vice Chancellor & CFO Eric Monday

Attachments

Memo AS-12-01

LOUISIANA STATE UNIVERSITY

Louisiana State University
Finance and Administrative Services
Operating Procedure

FASOP: AS-18

HIGH RISK TRAVEL TO RESTRICTED REGIONS

Subject: High Risk Travel to Restricted Regions

Effective: July 14, 2011

Purpose: To identify and mitigate the risk associated with high risk travel to Restricted Regions.

Louisiana State University supports and encourages international travel and collaborations and recognizes that a global perspective is essential to its academic mission. The University is equally committed to the safety and well-being of its students, faculty and staff when they participate in these activities and realizes that some areas of the world present heightened health, safety and security risks. In particular, countries/regions that have U.S. Department of State Travel Warnings have been identified as countries/regions that require special efforts to mitigate risk and, when necessary, call for the avoidance of travel altogether.

The University requires all travel to countries with U.S. Department of State Travel Warnings to be reviewed and approved by the university's International Travel Oversight Committee (ITOC). The Vice Provost for Academic Affairs leads the committee which includes representatives from across campus, including 2 faculty members recommended by the Faculty Senate President, 2 staff members recommended by Staff Senate President, and administrators who are specialists in international travel and risk management recommended by the Vice Chancellor for Finance and Administrative Services & CFO.

Procedures:

A. This policy applies to the following:

1. LSU faculty and staff traveling internationally with or without University funding to conduct University business within one's capacity as faculty or staff members, such as participation in research, conferences, teaching endeavors or technical assistance activities.

2. LSU graduate and undergraduate students, traveling internationally as individuals or in groups, with or without University funding, for any LSU-sponsored, LSU-administered, or LSU-related activity/program (including, but not limited to activities such as taking part in official study abroad programs, participating in recognized student organization trips abroad, conducting research, attending conferences or technical assistance activities).

B. International Travel to Restricted Regions

The University International Travel Oversight Committee (ITOC) will maintain a Restricted Regions list indicating locations worldwide where ITOC approval is required for student, faculty and staff travel. ***No student, faculty or staff can be required to travel to a location on the Restricted Regions list***. This list will include, but is not limited to, all countries with a current Travel Warnings issued by the U.S. Department of State. According to the U.S. Department of State, Travel Warnings describe long-term, protracted conditions that make a country dangerous or unstable. Travel Warnings also are issued when the US Government's ability to assist American citizens is constrained due to the closure of an embassy or consulate or because of a drawdown of its staff.

The Restricted Regions list is determined by the ITOC. The list will be monitored routinely and updated by the ITOC whenever specific conditions warrant. The Restricted Regions list will be reviewed in its entirety by the ITOC twice per semester during the academic year.

Restricted Regions will be evaluated for risk and assigned to one of the following categories:

1. Travel Warnings:

    a. Travel to these areas is limited due to the acute risks associated with health, safety, and security.
    b. In rare cases travel may be granted at the recommendation of the ITOC and with the approval of the Vice Provost for Academic Affairs.
    c. In cases where no reasonable alternative is available, faculty, staff, and graduate students may request to travel for critical missions only. Travel may be granted with the recommendation of the ITOC and a letter of approval from the Vice Provost for Academic Affairs. Undergraduate travel and established LSU programs, such as Study Abroad or LSU programs at international campuses, are not allowed.

2. Travel Alert:

    a. Travel to these areas may be limited due to possible acute risks associated with health, safety, and security.
    b. In cases where risk can be reasonably mitigated, faculty, staff, and students (including those participating in established LSU programs) may travel at the recommendation of the ITOC and with the approval of the Vice Provost for Academic Affairs.

C. Approval Process to Travel to Restricted Regions

The following documentation is required by the individual or program to travel to a Restricted Region:

1. Approved AS292 "Request for Authorization to Travel".

2. AS295 "Request to Travel to Restricted Region for Individual Travelers" or AS296 "Request to Travel to Restricted Regions for Student Study Trips".

    Note: The request form must be completed in its entirety and submitted 30 days in advance of the proposed travel or as soon as the trip is known. The request form must be signed by the Dean, Director and Department Head/Chair.

3. AS297, "Faculty/Staff Emergency Contact Form".

4. AS298 "High Risk Travel Release and Waiver" should be signed by each traveler, including the members of a student study group. The form should be notarized with two witnesses to acknowledge the release.

5. Proof of travel registry with the appropriate US Embassy/Consulate. To register with the US Embassy, travelers should go to http://travel.state.gov/travel/tips/registration/registration_1186.html.

The University reserves the right to withhold reimbursement and/or take other disciplinary actions for unauthorized travel.

D. Faculty Regional Experts

A separate approval process is in place for faculty who are experts in a geographic region that is on the Restricted Regions list and must travel there to conduct research. The faculty member must submit the following information:

1. A signed letter of support from the Dean, Director and Department Head/Chair stating that the faculty is an expert in the specified geographic region and travel is necessary for him/her to carry out research.

2. A signed letter from the faculty member explaining that he/she has expert knowledge of the region, is aware of the risks, and is adequately prepared to mitigate them.

The ITOC will review both documents and, if approved, the faculty member will be allowed to travel for one calendar year from the date of approval. For each individual trip to the Restricted Region, the faculty member will be required to complete all forms and submit documents as required in Section C of this policy. The University retains the right to withdraw this approval and/or require the faculty to return to the US.

E. Faculty Field Experts

A separate approval process is in place for faculty whose research specialty requires them to travel to high-risk locations on the Restricted Regions list. The faculty may not necessarily be experts in the geographic region. The faculty member must submit the following information:

1. A signed letter of support from the Dean, Director and Department Head/Chair stating that the traveler is prepared to mitigate the risks involved with travel to the specified region and frequent and/or last-minute travel is necessary for them to carry out their specific job functions.

2. A signed letter from the faculty member explaining the critical nature of their work in the region, that they are aware of the risks, and are adequately prepared to mitigate them (including evidence of expertise in the region of travel or risk training related to his/her activities in the region).

3. A detailed emergency response plan. The ITOC will review all documentation and, if approved, the faculty member will be allowed to travel for one calendar year from the date of approval.

For each individual trip to the Restricted Region, the faculty member will be required to complete all forms and submit documents as required in Section C of this policy. The University retains the right to withdraw approval and/or require the faculty to return to the US.

F. Cancellation of Approval

The University reserves the right to cancel any approved travel within a 12-24 hour period prior to departure to the high risk region if the level of risk increases and the US Department of State strongly discourages travel to that particular region.

G. Travel Advisory Issued During Travel Status

If a traveler(s) is on approved international travel in a high risk region and a travel advisory is raised while in travel status, the traveler(s) may be asked to return to the US immediately.

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Office of Accounting Services
Accounts Payable & Travel
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REQUEST FOR AUTHORIZATION TO TRAVEL — AS292

This form must be completed and approved prior to making any travel reservations.

Traveler		Type	☐ Employee ☐ Student
Department		LSU ID	
Title		Contact	
Destination		Phone	
Departure Date		E-mail	
Return Date		Account	
Purpose of Travel			

Section A - Foreign Travel *(Applies to all travel outside the 50 US States, District of Columbia, Puerto Rico, US Virgin Island, American Samoa, & Guam)*

• Are US Dept of State rates being requested?	☐ Yes	☐ No
• Is there a US Dept of State Travel Warning or Alert for this destination? - Please refer to the "LSU Restricted Regions List" on the AP & Travel website. - If yes, complete additional required forms per FASOP: AS-18 "High Risk Travel to Restricted Regions".	☐ Yes	☐ No
• Is this Faculty-led travel which includes students?	☐ Yes	☐ No
- If yes, please anwer the following:		
▪ Is this part of an LSU course? If yes, Course # _____	☐ Yes	☐ No
▪ Has insurance coverage been arranged for all travelers? (Coverage must include medical, evacuation and repatriation of remains)	☐ Yes	☐ No

Section B - Estimated Expenses *(Refer to PM-13 for rates)*

Expense	Qty		Amount
Airfare	-		
Registration Fees	-		
Mileage		Miles	
Meals (Per Diem)		Days	
Misc & Incidental	-		

Expense	Qty		Amount
Meals (Conference)		Meals	
Lodging (Routine)		Days	
Lodging (Conference)		Days	
Vehicle Rental		Days	
		Total Travel Estimate	

Section C - Additional Reimbursement Details & Required Special Approvals/Justification

Expense	Description	Approval of	Initials
Meals (Conference)	Meals designated as integral part of conference (attach a copy of the conference brochure).	Direct Supervisor/ Department Head	
Lodging (Conference)	Actual for Conference Lodging (conference brochure stating hotel and nightly rate must be attached).	Department Head	
Lodging (Routine) *	Up to 50% in excess of maximum otherwise allowed.	Department Head	
Vehicle Rental **	☐ Compact ☐ Mini-van ☐ Full-size ☐ Van ☐ Mid-size/Intermediate ☐ Other _____	Department Head	

* *Justification Required* _____

** *Justification Required* _____

Unauthorized individuals should not be transported in University-owned or rental vehicles. Refer to PM-13 for exceptions to this policy.

Section D - Other Special Approvals Requested

☐ Travel > 30 Days — Extension of Temporary Assignment greater than 30 days (attach itinerary/travel plans).

APPROVALS	Signature	Printed Name	Date
Traveler			
Director/Dept Head/Chair			
Dean [1]			
Vice Chancellor			
Provost [2]			
Assoc VC, Acct Services [3]			
Chancellor			

Notes: The approved AS292 must be attached to the AS300 "Travel Expense Reimbursement Request" form.

[1] *Required for "High Risk Travel" to a Restricted Region*

[2] *Required for "Foreign Travel"*

[3] *Required for "Travel > 30 Days"; applies to meals and/or lodging reimbursements*

LSU Restricted Regions List

Updated: July 14, 2011

COUNTRY	TRAVEL RISK CATEGORY *	
	TRAVEL WARNING	TRAVEL ALERT
Afghanistan	X	
Algeria	X	
Bahrain		X
Burkina Faso	X	
Burundi	X	
Central African Republic	X	
Chad	X	
Colombia	X	
Congo, Democratic Republic of (DRC)	X	
Cote d'Ivoire	X	
Egypt		X
England		X
Eritrea	X	
Gibralter		X
Guniea	X	
Haiti	X	
Iran	X	
Iraq	X	
Israel	X	
Japan		X
Kenya	X	
Korea, Democratic People's Republic of (North Korea)	X	
Lebanon	X	
Libya	X	
Mali	X	
Mauritania	X	
Mexico	X	
Nepal	X	
New Zealand		X
Niger	X	
Nigeria	X	
Northern Ireland		X
Pakistan	X	
Philippines	X	
Republic of South Sudan	X	
Saudi Arabia	X	
Scotland		X
Somalia	X	
Sudan	X	
Syria	X	
Tunisia		X
Uganda		X
Uzbekistan	X	
Wales		X
Yemen	X	

* Based on US Department of State website - http://travel.state.gov/

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REQUEST TO TRAVEL TO RESTRICTED REGIONS FOR INDIVIDUAL TRAVELERS **AS295**

Instructions: Please complete all pages of this form (attaching additional pages, if necessary) and obtain the required signatures on page 1. Submit this request, along with a Letter of Support and approved AS292: "Request for Authorization to Travel" to the International Travel Oversight Committee (ITOC) **at least 30 days in advance** of the proposed travel to the Office of Academic Affairs, ATTN: Vice Provost for Academic Affairs or scan and e-mail to jcassid@lsu.edu.

Traveler Details

Name: _____ Title: _____ Department: _____

LSUID: _____ E-Mail: _____ Phone: _____ Cell: _____

Description of Travel

Purpose of Proposed Travel: _____

Location (list all countries and cities –*be specific*):

_____

Risk Category of Restricted Region (*circle one*): **Travel Warning** **Travel Alert**

Exact Dates of Proposed Travel: _____

Required Signatures

Traveler Name (please print): _____

Traveler Signature: _____ Date: _____

Director/Dept Head/Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Traveler's Emergency Contact Information While Abroad

Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Traveler name as it appears on Passport: _____

Passport Number: _____ Expiration Date: _____

Phone number(s) where traveler can be reached internationally:

_____

Physical Address of all accommodations while abroad: _____

_____

_____

_____

_____

_____

Alternate Emergency Contact Information While Abroad

Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Name: _____ Relation to Traveler: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Physical Address: _____

Department Emergency Contact Information

Please provide departmental contacts for the University to work with in the event of a crisis:

Name & Title: _____ Department: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Secondary Contact Person: _____ Phone: _____

OTHER TRAVELERS

Please provide the names of any other travelers or individuals you will be working with during the trip:

Name: _____ Phone _____ Affiliation _____

Name: _____ Phone _____ Affiliation _____

Name: _____ Phone _____ Affiliation _____

Name: _____ Phone _____ Affiliation _____

Name: _____ Phone _____ Affiliation _____

ITINERARY

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.

SAFETY & SECURITY ASSESSMENT

1. The US State Department website is www.travel.state.gov and lists country-specific Travel Warnings and Alerts for US citizens. Please summarize (do not copy/paste) the current State Department Travel Warning or Alert for your location.

   With regard to current State Department Travel Warning or Alert and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?

2. What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.

3. Describe your level of familiarity with the proposed location. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

Necessity of Travel:

1. Why must the travel take place at the proposed location?

2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?

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REQUEST TO TRAVEL TO RESTRICTED REGIONS FOR STUDENT STUDY TRIPS **AS296**

Instructions: Please complete all pages of this form (attaching additional pages, if necessary) and obtain the appropriate signatures on page 1. Submit this request, along with a Letter of Support and approved AS292: "Request for Authorization to Travel" to the International Travel Oversight Committee (ITOC) **at least 30 days in advance** of the proposed travel to the Office of Academic Affairs, ATTN: Vice Provost for Academic Affairs or scan and e-mail to jcassid@lsu.edu.

Faculty Leader Details

Name: _____ Title: _____ Department: _____

LSUID: _____ E-Mail: _____ Phone: _____

Description of Program & Travel

Title of Proposed Program: _____

Location (list all countries and cities –*be specific*):

_____

Risk Category of Restricted Region: refer to **www.travel.state.gov** (*circle one*): **Travel Warning** **Travel Alert**

Exact Dates of Proposed Travel: _____

Required Signatures

Faculty Leader Signature (please print): _____

Faculty Leader Signature: _____ Date: _____

Director/ Dept Head/Chair Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Faculty Leader's Emergency Contact Information While Abroad

Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Traveler name as it appears on Passport: _____

Phone number(s) where traveler can be reached internationally:

_____

Physical Address of all accommodations while abroad: _____

_____

_____

_____

_____

_____

Alternate Emergency Contact Information While Abroad

Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Name: _____ Relation to Traveler: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Physical Address: _____

Department Emergency Contact Information

Please provide departmental contacts for the University to work with in the event of a crisis:

Name & Title: _____ Department: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Secondary Contact Person: _____ Phone: _____

OTHER TRAVELERS

Please provide the names of any other travelers or individuals you will be working with during the trip:

Name: _____Phone_____ Affiliation_____

Name: _____Phone _____ Affiliation_____

Name: _____Phone_____Affiliation_____

Name: _____Phone_____Affiliation_____

Name: _____Phone_____Affiliation_____

ITINERARY

Please provide a complete itinerary of your travel, including all departure/arrival dates, airline flight #'s, locations, and modes of transportation.

SAFETY & SECURITY ASSESSMENT

1. The US State Department website is www.travel.state.gov and lists country-specific Travel Warnings and Alerts for US citizens. Please summarize (do not copy/paste) the current State Department Travel Warning or Alert for your location.

   With regard to current State Department Travel Warning or Alert and your own health/safety/security assessment of the proposed location, what risks might you encounter while traveling?

2. What specific steps will you take to mitigate these risks? What is your emergency plan as it relates to natural disasters, civil/political unrest, and medical emergency related to accident or injury? Please be as specific and detailed as possible.

3. Describe your level of familiarity with the proposed location. *Include professional connections, family living there, language abilities, familiarity with culture, experience visiting/living/working there, etc.*

Necessity of Travel:

1. Why must the travel take place at the proposed location?

2. Could you engage in a similar or alternate program in a different location?

3. How is the travel critical to the mission of the University?

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FACULTY/STAFF EMERGENCY CONTACT FORM — AS297

Traveler's Emergency Contact Information While Abroad

Please provide the appropriate information that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Traveler name as it appears on Passport: _____

Passport Number: _____ Expiration Date: _____

International Cell Phone: _____

Additional phone numbers (cell/work/home):

_____

Email: _____

Physical Address of all locations you will be staying: _____

_____

_____

_____

Alternate Emergency Contact Information While Abroad

Please provide an alternate person that Louisiana State University and/or outside sources may use to communicate with you in the event of a crisis:

Name: _____ Relation to Traveler: _____

Physical Address: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Department Emergency Contact Information

Please provide a departmental contact for the University to work with in the event of a crisis:

Name & Title: _____ Department: _____

Phone Numbers (cell/work/home):

_____

Email: _____

Secondary Contact Person: _____ Phone: _____

*****This form can be used for any International Travel*****

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HIGH RISK TRAVEL RELEASE AND WAIVER AS298

I, _____, understand that Louisiana State University (LSU) considers travel to any Region of _____ **High Risk Travel** due to travel warnings issued by the State Department.

In connection with my trip to _____ (the "Destination"), I acknowledge, understand and agree to the following:

- I acknowledge that the United States Department of State has issued a Travel Alert or Travel Warning for the Destination, advising all United States citizens to refrain from traveling to the Destination;
- I further acknowledge that I have been supplied with a copy of the Travel Alert or Travel Warning with respect to the Destination issued by the US Department of State;
- I have carefully identified, reviewed and considered the risks of travel to the Destination;
- LSU has given me the opportunity to abandon my plans to travel to the Destination without penalty;
- I understand and agree that LSU has and assumes NO DUTY to protect me or provide security or assistance during my travel to the Destination and participation in this program, and I will travel and participate at my own risk;
- The US Embassy may temporarily close or suspend public services for security reasons;
- The US Embassy may not be able to provide emergency assistance to me should I require it;
- If there is a need to evacuate in an emergency, flights may be suspended, and other departure or shelter in place options may be limited or non-existent;
- Access to hospitals, emergency medical care and medications may be limited or non-existent;
- Participation in this High Risk Travel has inherent risks, including kidnapping, assault, battery and death, that cannot be eliminated regardless of the care taken to avoid them;
- The risks and dangers of travel to, in and around the Destination, includes but is not limited to the dangers to my own health and personal safety, and possible death, posed by terrorism, crime, civil unrest and violence;
- The specific risks include, but are not limited to, minor and major physical injuries and/or emotional and psychological injuries inflicted accidentally or intentionally by others, or catastrophic injuries, including paralysis and death; and
- There may be additional factors of which I am unaware or which have not been brought to my attention;
- I believe that regardless of the foregoing it is nonetheless in my best interest to travel to the Destination.

I acknowledge that I am voluntarily participating in the travel described above. I understand that LSU is not responsible for my safety, and I knowingly and voluntarily assume full responsibility for all risks associated with my travel. I know that I am not required or encouraged to travel and, in fact, LSU has urged me not to travel to the Destination.

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HIGH RISK TRAVEL
RELEASE AND WAIVER

I hereby release, waive, discharge and agree not to sue Louisiana State University (LSU), its Board of Supervisors, officers, agents or employees (hereinafter referred to as "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while traveling to the Destination, including, but not limited to, any damages or injuries arising out of or in connection with any battery, assault or abduction. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury including death that may be sustained by me, or any loss or damage to property owned by me, as a result of my traveling to the Destination. I further hereby agree to indemnify and save and hold harmless the Releasees and each of them, from any loss, liability, damage or costs they may incur as a result of my travels. It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named Releasees.

By signing this document, I acknowledge that I have had an opportunity to ask any questions I have about it, that I have read and understand it, that I accept its terms, and that I have signed it knowingly and voluntarily. I acknowledge that I am above the age of eighteen (18), or, if not, that I have secured the signature of my parent or guardian.

STATE OF _____

PARISH/COUNTY OF _____

Thus done and signed before me, Notary, on the _____ day of _____, 20____, after reading of the entire agreement.

WITNESSES:

_____

Print Name: _____

_____

Print Name: _____

PARTICIPANT:

_____

Print Name: _____

_____

_____, Notary Public

Notary/Bar Roll No. _____

My Commission Expires _____