

FOREIGN PRE-APPROVAL FORM

Form as required by TTUHSC OP 79.04

Date: _____

Name of traveler:

Department: _____

Destination city: _____

Destination country: _____

Departure date: _____

Return date: _____

Funding source*: _____

Estimated Cost: _____

*Not allowed on state appropriated funds.

Purpose:

Check if travel will include work in a clinical setting**

Check if you will be accompanied by TTUHSC students

Justification / Benefit:

Approvals:

			<input type="checkbox"/> Not Approved
			<input type="checkbox"/> Approved
1st Level Approver / Dept. Head / Reg. Dean	Signature	Date	
			<input type="checkbox"/> Not Approved
			<input type="checkbox"/> Approved
2nd Level Approver / Dept. Chair / A.V.P. / Dean	Signature	Date	
			<input type="checkbox"/> Not Approved
			<input type="checkbox"/> Approved
President	Signature	Date	

**Before departing, the traveler must contact the Office of Global Health regarding exposure management procedures while abroad. In the event of an exposure to blood borne pathogens while abroad, any costs for post-exposure treatment, including lab testing and antiviral medications, will be the responsibility of the department/school to which the employee is assigned.