Letter of Support for International Work-Related Travel
Requirements

Department Chairs/Institute Directors must write a Letter of Support confirming that they have given approval for an international work-related trip. This letter must contain the following:

- Must be written on department letterhead
- Dated and signed by Department Chair/Institute Director
- Clearly states Traveler name(s) and title
- Clearly states intended dates of travel and destination(s) (including layovers, if trip is already booked)
- Outlines trip purpose (2-3 sentences)
- Must include a sentence clearly stating that Department Chair has reviewed the OGO Travel Risk Assessment provided
- Must include a sentence stating that the Department Chair has carefully considered how a prolonged absence by the Traveler, due to a positive COVID-19 infection while abroad, could impact their department’s staffing needs (e.g. staffing shortages).
- Any other relevant information to support travel request (e.g. institution that will be hosting Traveler, Traveler’s previous experience traveling to destination)
[DATE]

To Whom It May Concern,

I hereby approve [TRAVELER NAME + TITLE] to travel to [CITY, COUNTRY] from [DEPARTURE DATE] to [RETURN DATE], with a layover in [CITY, COUNTRY].

The purpose of [TRAVELER NAME]’s trip is to [present/attend/research/collaborate, etc.]. [TRAVELER NAME] has previously worked with [HOST INSTITUTION/POINT OF CONTACT] for several years and is collaborating on [PROJECT/PRESENTATION] for the following event: [EVENT NAME]. This trip must take place in order to fulfill [grant requirements, project deadlines, departmental goals, etc.].

In addition, [TRAVELER NAME] has previously traveled to this location [#] times and has previous experience traveling abroad to [COUNTRY NAMES].

I have carefully reviewed the Office of Global Operations’ Travel Risk Assessment as well as the COVID-19 related risks listed in the Mount Sinai Travel Policy. Furthermore, I have carefully considered how a delayed return by the Traveler, due to positive COVID-19 infection, would impact the Department’s staffing needs (e.g. staffing shortages).

Sincerely,

[signature]

[DEPARTMENT CHAIR/INSTITUTE DIRECTOR NAME + TITLE]

*The final letter must be on department letterhead