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 clearly stating that if the Traveler tests positive for COVID-19 while abroad, and incurs additional expenses as a result, that said Traveler (or department) would be responsible for the costs, per the Mount Sinai Travel Policy
- Any other relevant information to support travel request (e.g. institution that will be hosting Traveler, Traveler’s previous experience traveling to destination)
Letter of Support for International Work-Related Travel

Template*

[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 Travel Risk Assessment that the Office of Global Operations prepared. Furthermore, I have reviewed the current Mount Sinai Travel Policy, and understand that if [TRAVELER NAME] tests positive for COVID-19 while on this trip, [he/she/they] will be required to cover all costs that result from not returning to the United States as originally scheduled.

Sincerely,

[SIGNATURE]

[DEPARTMENT CHAIR/INSTITUTE DIRECTOR NAME + TITLE]

*The final letter must be on department letterhead