

Leave and Travel Request Authorization

Employee Name: _____

Request the following:

Dates:

_____	Sick Leave _____ hours
_____	Compassionate Leave (3) working days allowable for death of immediate family member
_____	Professional Travel
_____	Professional Leave (e.g. Sabbatical, Educational)
_____	Annual Leave of _____ hours/Days

During my absence I can be reached at: _____

During my absence my responsibilities will be covered by: _____

Commitment # (if applicable) _____

Employee Signature _____ Date _____

Travel Request Authorization

DEPARTMENT: _____ Traveler's Name: _____

Destination: _____ Date of Departure: _____

Purpose of Trip: _____ Date of Return: _____

Source of Support			
PER DIEM:	Department	College	Self/Outside
Number of Days: _____			
Per Diem Rate: \$ _____			
Total Per Diem: \$ _____	\$ _____	\$ _____	\$ _____
ACTUAL LODGING			
Number of Days: _____			
Rate per day: \$ _____			
Total Lodging Cost: \$ _____	\$ _____	\$ _____	\$ _____
MEAL ALLOWANCE			
Number of Days: _____			
Rate per day: \$ _____			
Total Meal Allow. \$ _____	\$ _____	\$ _____	\$ _____
Airfare	\$ _____	\$ _____	\$ _____
Rental Car	\$ _____	\$ _____	\$ _____
Shuttle / Taxi	\$ _____	\$ _____	\$ _____
Private Vehicle	\$ _____	\$ _____	\$ _____
Registration	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Grand Total	\$ _____	\$ _____	\$ _____
Index Number(s)			

Approvals:

 Department Head Date

 Dean Date

Logged by:

 Business Manager Date