

**COLLEGE OF HEALTH AND SOCIAL SERVICES**  
**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)

\_\_\_\_\_ Traveler's 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: \$ _____	\$ _____	\$ _____	\$ _____
<b>ACTUAL LODGING</b>			
Number of Days: _____			
Rate per day: \$ _____			
Total Lodging Cost: \$ _____	\$ _____	\$ _____	\$ _____
<b>MEAL ALLOWANCE</b>			
Number of Days: _____			
Rate per day: \$ _____			
Total Meal Allow. \$ _____	\$ _____	\$ _____	\$ _____
<b>Airfare</b>	\$ _____	\$ _____	\$ _____
<b>Rental Car</b>	\$ _____	\$ _____	\$ _____
<b>Shuttle / Taxi</b>	\$ _____	\$ _____	\$ _____
<b>Private Vehicle</b>	\$ _____	\$ _____	\$ _____
<b>Registration</b>	\$ _____	\$ _____	\$ _____
<b>Other</b>	\$ _____	\$ _____	\$ _____
<b>Grand Total</b>	\$ _____	\$ _____	\$ _____
<b>Index Number(s)</b>			

**Approvals:**

\_\_\_\_\_ Department Head      \_\_\_\_\_ Date

\_\_\_\_\_ Dean Rhodes      \_\_\_\_\_ Date

**Logged by:**

\_\_\_\_\_ Business Manager      \_\_\_\_\_ Date