

REQUEST FOR PROFESSIONAL LEAVE OR TRAVEL

Name _____ Title _____ Department _____
Office Address _____ Office Phone # _____
Home Address _____ Home Phone # _____

I, _____, request permission from professional leave or travel from
_____ a.m./p.m. on _____ (date) until _____ a.m./p.m. on _____ (date)

This leave request is for: professional leave consulting other

Specific purpose: _____

Destination, if travel is involved: _____

Will any classes or assignments be missed? no. yes. **If yes, indicate below what arrangements have been made for appropriate coverage.**

Indicate below those classes that will be missed:

<u>Course</u>	<u># of Days Missed</u>	<u>Coverage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explanation of class coverage:

Indicate coverage for the type of responsibilities that will be met:

Is reimbursement of expenses requested? no. yes. **If yes, complete expense estimate below.**

Transportation:

Plane _____
Private/University Car _____

Lodging and Meals:

Per Diem (In-State) _____
Lodging (Out-of-State) _____
Meals (Out-of-State) _____

Conference Registration Fees:

Other: _____

Total Estimated Cost (not necessarily amount of reimbursement): _____

Signature of Requester

Date

Travel Authorization Form

Complete the following for International Travel:

Passport No. _____ Expiration Date _____ Date/Place of Issue _____

Emergency Contact _____ Relationship _____

Address _____

Telephone/Fax/Day _____ Night _____

Are you covered by medical insurance? Yes No

Name of insurance provider: _____

Attach itinerary of travel (where you can be reached, if necessary)

For additional protection, we recommend you apply for a Council International Identification card. For information and application forms, contact the Office of International Programs at (251) 460-7053.

AUTHORIZATION FOR PROFESSIONAL LEAVE OR TRAVEL

I approve the leave or travel requested on the attached form as being in the best interest of the University. Reimbursement for expenses incurred is approved in the following accounts:

Fund	Organization	Account	Program (Bus Off Use)	Activity Optional	Location Optional	Amount

Leave and/or travel is approved, but no reimbursement is approved.

APPROVED BY:

DEPARTMENT CHAIR

DEAN

DIRECTOR OF INTERNATIONAL PROGRAMS
(Required only for travel beyond the contiguous forty-eight states
and the District of Columbia)

SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS
(Required only for individuals reporting directly to the Senior Vice-President
or for travel beyond the contiguous forty-eight states and the District of Columbia)

PRESIDENT
(Required only for travel beyond the contiguous forty-eight states
and the District of Columbia)