

Vacation/Travel Request Form

Name: _____ Today's Date: _____
Start Date: _____ End Date: _____

Purpose of travel: ☐ vacation ☐ conference ☐ consultation ☐ other _____

Is University funding being requested? ☐ yes ☐ no

If for a conference or consultation, give name and location:

Name: _____

Location: _____

Presenting? ☐ yes ☐ no

Describe any other significant role at event. _____

I can be contacted at: _____

☐ yes ☐ no I will be checking my email.

☐ yes ☐ no I will be checking my phone mail.

☐ yes ☐ no I do have a class (or classes) that must be covered in my absence.

If applicable, my class(es) will be covered by: _____

☐ yes ☐ no I will be missing a mandatory function (e.g., faculty meeting, preview, residency, retreat, etc.).

If yes, state the function and date: _____

Below For Program Director/Chair Only:

Request Approved: ☐ yes ☐ no Date: _____

Comments: _____

Name: _____

Signature: _____

Below For Dean's Office Only:

Funding Approved: ☐ yes ☐ no

Amount: _____

Date: _____

Reviewed By: _____

Signature: _____

Travel Approved: ☐ yes ☐ no

Date: _____

Reviewed By: _____

Signature: _____