

USA REQUEST FOR PROFESSIONAL LEAVE OR TRAVEL

If this leave request includes FOREIGN/INTERNATIONAL travel you must complete the International Travel Review Form PRIOR to making any arrangements and PRIOR to submitting this request.

Name _____ Title _____ Department _____

Office Address _____ Office Phone # _____

Home Address _____ Home Phone # _____

I, _____, request permission for 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 arrangement 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 the expense estimate below.**

Transportation:
Airfare \$ _____

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 Requestor

Date

Foreign/International Travel is defined as travel outside the continental United States.

- NO, this travel request DOES NOT include Foreign/International Travel.
- YES, THIS TRAVEL REQUEST INCLUDES FOREIGN/INTERNATIONAL TRAVEL: I am ATTACHING a copy of the International Travel Review documentation that I have received (and reviewed) from the Office of International Education/Research Compliance and Assurance, including any Annual Temporary Export Certification (ATEC) documentation received.
 - If YES, I have read the attached international travel documentation provided and understand the conditions and limitations applicable to this requested travel.

I understand that travel arrangements and reimbursement must be pre-approved, travel arrangements, should not be made prior to submission of this request.

TRAVELER Signature: _____

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 funds:

Fund	Organization	Account	Program	Activity (optional)	Amount

APPROVED BY:

DEPARTMENT CHAIR Date

DEAN Date

SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS Date
(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 Date
(Required only for travel beyond the contiguous forty eight states and the District of Columbia)

For USA Travel Policies, go to: <http://www.southalabama.edu/financialaffairs/traveloffice/index/html>