

USA COLLEGE OF MEDICINE REQUEST TO BE ABSENT FROM WORK
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.

I. Name _____ Rank/Title _____
Office Address _____ Department/Division _____

II. I request permission to be absent from my regular duties for a period of _____ consecutive calendar days from _____ to _____.

The purpose of this absence is:

Attend a professional meeting
Name of Meeting/Organization _____

Level of Participation _____

Serve as a consultant for _____

Serve as a visiting professor at _____

Other, please specify _____

III. Complete the following for all professional leave.

Destination _____ Mode of Travel _____

Scheduled departure is _____ A.M./P.M. on _____. Scheduled return is _____ A/M/P.M. on _____

Total estimated cost (not necessarily amount of reimbursement) _____

Source of funds:

Grant or contract Health Services Foundation Medical Sciences Foundation
 State funds Other, please specify _____

FOAPAL No. _____ - _____ - _____ - _____ - _____

IV. 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 approval of this request.

V. APPROVED BY:

Signature of Person Making Request Date

Dean Date

Department Chair Date

President Date

INSTRUCTIONS FOR COMPLETING THIS FORM

1. PLEASE TYPE THIS FORM
2. This form must be completed and received in the Dean's Office prior to the approval of any expenses and at least **seven (7) working days prior to the requested absence**. Submit the original to the Dean's Office and retain a copy for your Departmental files. A copy of the approved form will be returned to the Department when approved.
3. PART II - If you are attending a professional meeting indicate the name of the organization and/or meeting and the level of participation, i.e. attendee, presenter, exhibitor, officer, committee member, etc. If the purpose of this absence is Other, please specify, such as recruiting etc. Additionally, if your absence is being extended due to vacation, please indicate your vacation as Other.
4. PART III - Complete this only if there are travel expenses related to this absence. Be sure to indicate the FOAPAL that will be used. Cost estimates should include **all expenses** related to this absence such as registration fee, transportation, meals, lodging, **all prepaid expenses**, etc.
5. PART IV - Complete this only if reimbursement for travel outside the forty-eight contiguous states is to be claimed. Advance notification to the Director of International Programs and advance approval by the President is required.
6. PART V - The signature of the person making the request is required even though no reimbursement is to be claimed.
7. Failure to complete this form in a timely manner will result in a substantial delay in reimbursement and may jeopardize your reimbursement.