

USA COLLEGE OF MEDICINE REQUEST TO BE ABSENT FROM WORK
If this leave request includes INTERNATIONAL/"FOREIGN travel, you must complete the International Travel Review Form PRIOR to making any arrangement 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):

Transportation _____ Meals _____ Other _____

Lodging _____ Registration _____ **TOTAL estimated cost** _____

Estimated amount of reimbursement to be requested from the University _____

Source of funding (please specify amount of funding from each source):

_____ Grant of contract _____ Health Services Foundation _____ Medical Sciences Foundation

_____ State funds _____ Other, please specify source and amount _____

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

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

NO, this travel request DOES NOT include International/Foreign travel

YES, THIS TRAVEL REQUEST INCLUDES INTERNATIONAL/FOREIGN TRAVEL: I am ATTACHING a copy of the International Travel Review Form 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 arrangement and reimbursement must be pre-approved. Travel arrangement 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

Are you a PHS* funded investigator?

(Refer to PHS agency list <http://www.southalabama.edu/researchcompliance/phsorganizations.html>) Yes No

**PHS Financial Conflict of Interest policy requires PHS-funded investigators to disclose any travel related to their institutional responsibilities that is sponsored or reimbursed by an outside entity within 30 days of occurrence.*

Check if travel is sponsored or reimbursed by:

(Note: If any of the boxes below are checked, PHS does not require travel disclosure.

Travel paid by sponsored awards to USA is excluded from travel disclosure. PROCEED to signature block)

Government Agency

Institutions of higher education

Academic teaching hospital

Medical center or research institute affiliated with higher education

If no boxes are checked above, please complete section below:

Travel Sponsor/Organization: _____

Is this travel related in any way to current PHS-funded research Yes No

If yes, please explain: _____

To your knowledge, does the travel sponsor have any financial or equity interest in the results of your PHS funded research? Yes No

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 the 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 section for all professional travel (regardless of funding source). Be sure to indicate the FOAPAL that will be used, if applicable. Cost estimates should include a detail listing of **all expenses** related to this absence such as registration fees, transportation, meals, lodging, and any other anticipated expenses (including prepaid expenses).
5. **PART IV** - Complete this only if reimbursement from travel outside the forty-eight contiguous state 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