

# 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: \_\_\_\_\_

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**AUTHORIZATION FOR PROFESSIONAL LEAVE OR TRAVEL**

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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>