BBE Vacation/Business Travel/Sick Leave Notification Form

If you are planning to take vacation or going on a business trip or need to take sick leave, please complete this form as a way of notifying the department administrative personnel.

University Policies (for academic employees only)
For details on University's Vacation, Business and Sick Leave policies please refer respectively to:
-   Vacation - **http://www1.umn.edu/ohr/benefits/leaves/vacation/academic/index.html**
-   Sick Leave - **http://www1.umn.edu/ohr/policies/leaves/paidmedleave/index.html**
-   Business Trips - **http://www.policy.umn.edu/groups/ppd/documents/policy/Travel.cfm**

Business Travel: For purposes of UMN liability there is a need to have a record of business travel dates and locations. Additionally, the Department Head is requesting, for quality control purposes, that he be notified if the travel will result in more than 2 missed lectures (or labs) and some indication of how teaching will be covered during your absence. Information from this form will be used as input data in a departmental database. (Note: that this is NOT an authorization form)

You do not need to report day long or shorter regional field trips for research, Extension, class visits etc.

Name _____   **Employee ID**_____   **Email** _____

--Vacation: Start Date _____End Date _____ # of Hours/Days_____
Start Date _____End Date _____ # of Hours/Days_____

--Sick Leave: Start Date _____End Date _____ # of Hours/Days_____
Start Date _____End Date _____ # of Hours/Days_____

--Comp Time (Staff only**):** Start Date_____End Date_____ # of Hours/Days_____

--Personal Holiday: Date_____

--Business Travel:
Travel Destination_____

Travel Start Date _____ End Date _____

Travel is being paid on: (* Prior travel authorization is required for use of these internal funds)

☐ Sponsored grant   ☐ Consulting

☐ AES funding *   ☐ Other_____

☐ Dept. funding*

☐ This travel will not result in any missed lectures

☐ This travel will result in _____ missed lectures or lab sessions with the classes covered by:

☐ TA   ☐ Guest Lecture   ☐ Other_____

Employee Signature   _____**Date**_____

Supervisor Signature   _____ **Date**_____

Submit completed forms to Susan Seltz at seltz043@umn.edu or 207 Kaufert Lab