MIAMI DADE COLLEGE
REQUEST FOR LEAVE OF ABSENCE AND REIMBURSEMENT

NAME: _____ DATE: _____

SOCIAL SECURITY # _____ CATEGORY OF OUT-OF-COUNTY TRAVEL _____

DEPARTMENT NAME _____ QUAL # _____ _____

BEGINNING DATE _____ ENDING DATE _____

STATUS _____ DEPARTMENT TEL. # _____

CHECK TYPE OF DUTY OR LEAVE: INSERT # OF DAYS/HOURS IN LEAVE CATEGORY (Department will report hours in Time & Attendance
HOURS

TEMPORARY DUTY [ ] TRAINING (SEE INSTRUCTIONS)

* PROFESSIONAL LEAVE WITH PAY
* PROFESSIONAL LEAVE WITHOUT PAY
* PROFESSIONAL DEVELOPMENT
  SUBSTITUTE REQUESTED
* MILITARY (ATTACH COPY OF ORDERS)
* CONSULTING
* PERSONAL
* ADMINISTRATIVE LEAVE (SUBPOENA, JURY DUTY)
* SICK LEAVE POOL (DOCTOR'S STATEMENT MUST BE ATTACHED)
  SICK LEAVE WITHOUT PAY (MORE THAN 30 CALENDAR DAYS)
  SUSPENSION

BOARD APPROVAL DATE _____

FAMILY AND MEDICAL LEAVE (FMLA)
ENTER TOTAL HOURS FOR EACH TYPE

[ ] SICK LEAVE WITH PAY

[ ] SICK LEAVE WITHOUT PAY

[ ] VACATION

[ ] FLEXIBLE HOLIDAYS

[ ] PERSONAL LEAVE WITHOUT PAY

[ ] PSAL

EXPLANATION OF REQUEST: CONFERENCE, CONVENTION OR OTHER **(DO NOT USE ABBREVIATIONS OR ACRONYMS)**
CONFERENCE/CONVENTION NAME: _____

DESCRIPTION: _____
Employee must state benefits accruing to MDC. (Ref. Procedure 3400)

SPONSOR: _____

LOCATION: _____

Signature of Employee

RECOMMENDED FOR APPROVAL:

Chairperson/Supervisor	Associate Dean/Director	Dean	Campus President/Vice Provost or Designee	College President or Designee
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____

If no travel expenses are requested, indicate organization or person paying actual expenses. (Require Name or Agency)
_____

Request for reimbursement while on official business for Miami Dade College   Account # _____

DO NOT COMPLETE FOR LEAVE W/O EXPENSES	Estimated Expenses	Actual Expenses
Common Carrier/Teleticket # (ACTUAL)		
Mileage		
Vicinity Mileage/Auto Rental		
Per Diem		
Lodging		
Meals		
**Registration (Include Advance)		
Other: Specify (Taxi, Toll, Parking etc.) _____		
Total		

Time Temporary Duty started _____ _____ Date: _____   Time Temporary Duty Ended _____ _____ Date: _____

I hereby affirm that this travel claim is true and correct in every material matter; that the expenses were actually incurred by the undersigned as necessary travel expenses in the performance of my official duties:.

APPROVED: _____   _____
Signature of Financial Affairs Officer   Signature of Traveler
*Explanation or leave plan needed. **If meals are a part of the registration fee, they must be included under the meals section and deducted from the registration fee.