



Leave Request and Travel Authorization Form

Employee: _____ Employee ID: _____ Date of Request: _____

PERMISSION IS REQUESTED TO BE ABSENT:

Days Requested: _____ From: _____ To: _____
(# of Days)

AND/OR

Hours Requested on: _____ From: _____ To: _____
(# of Hours) (Date of Requested Leave)

TYPE OF LEAVE REQUESTED

*DO NOT INDICATE DISAPPROVED OR UNSCHEDULED FOR FMLA

- | | | |
|-------------------------------|---------------------------------|---------------------------------|
| _____ Administrative | _____ Funeral | _____ Parents Conference |
| _____ Bone Marrow Donor | _____ Holiday | _____ Personal Holiday |
| _____ Assistance Dog Training | _____ Medical Leave of Absence | _____ Personal Leave of Absence |
| _____ Compensatory Disaster | _____ Military Leave of Absence | _____ Vacation |
| _____ Compensatory Time | _____ Military Training | _____ Volunteer Firefighter |
| _____ Court Appearance | _____ Organ Donor | _____ Sick Leave |
| _____ Disaster Service Worker | _____ Out of Office | _____ WCI Injury |
| _____ Foster Parent | _____ Parental | |

Remarks:

_____ Scheduled _____ Unscheduled _____ *FMLA _____ Approved _____ Disapproved

Supervisor, if Disapproved or Unscheduled, please give reason:

TRAVEL AUTHORIZATION

Please submit completed, signed form with applicable expense report.

Deans, Department Heads and Chairs, and Administrators have the discretion to require more documentation and to determine if rates will be reimbursed at a lower rate pending availability of funds.

Name of Conference, Meeting, or Program:

Destination/Location: _____

Purpose/Benefit to UTMB: _____

Account Name: _____

Account/FRS #: _____ Estimated Cost of Trip to UTMB: _____

Employee Signature Date Supervisor Signature Date