

# Tulane University School of Medicine

## Faculty and Staff Leave Request and/or Travel Authorization

1. Name of Employee requesting leave and/or travel authorization: \_\_\_\_\_ Date of request: \_\_\_\_\_

2. Dates of Leave and/or Travel:

Start: \_\_\_\_\_ End: \_\_\_\_\_ Return: \_\_\_\_\_

3. Employee's Department: \_\_\_\_\_ Mail Code: \_\_\_\_\_ Campus Phone #: \_\_\_\_\_

4. Leave Type:      Professional                                  Education  
                             Vacation    Sick

5. University Business:

Purpose of Travel: \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Estimated Cost:      \$ \_\_\_\_\_

Travel Type:                      Domestic: | \_\_\_\_\_ International: | \_\_\_\_\_

Destination: \_\_\_\_\_

***Employee is responsible for ensuring that all travel activity complies with current University policies. Regardless of the estimated cost entered in this section, reimbursement of individual items will only be allowed up to the maximum amount permitted under University and SOM travel and expense reimbursement guidelines.***

6. Person(s) responsible for service during my absence:

- SOM/Dept. \_\_\_\_\_
- TMC \_\_\_\_\_
- MCLNO \_\_\_\_\_
- VAMC \_\_\_\_\_
- Other \_\_\_\_\_

7. Emergency phone number where I may be reached: \_\_\_\_\_

8. Signatures (as required by University rules.) University travel must be approved by employee's supervisor.  
***International travel must be approved by the Senior Associate Dean and the Senior Vice President and Dean in advance of travel.***

Requester: \_\_\_\_\_ DATE \_\_\_\_\_

Section Chief: \_\_\_\_\_ DATE \_\_\_\_\_

Department Chair: \_\_\_\_\_ DATE \_\_\_\_\_

Director: \_\_\_\_\_ DATE \_\_\_\_\_

Senior Associate Dean: \_\_\_\_\_ DATE \_\_\_\_\_

Sr. VP and Dean, SOM: \_\_\_\_\_ DATE \_\_\_\_\_

(IF REQUIRED)

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_