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 Chairman: _____ DATE

Director: _____ DATE

Senior Associate Dean: _____ DATE

Sr. VP and Dean, SOM: _____ DATE
(IF REQUIRED)

Employee's Signature _____ _____ Date

Form revised November 2016