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 Le	ave and/or Travel:					
Start:		End:		Return:		
3. Employee's Department:		Mail Code:		Campus Phone #:		
4. Leave Type	: Professional		Education			
	Vacation		Sick			
5. University I	Business:					
Pur	pose of Travel:					
Sou	irce of Funds:		Estimated	l Cost: \$		
Tra	vel Type:	Domestic:	Ir	nternational:		
Destination:						
estimated cos amount permi 6. Person(s) ro SOI TM MC VAI	LNO	nbursement of individu OM travel and expense my absence:	al items will only be a	llowed up to the max		
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.						
Rec	quester:				DATE	
Sec	tion Chief:				DATE	
Dep	partment Chairman:				DATE	
Dire	ector:				DATE	
Ser	ior Associate Dean:				DATE	
	VP and Dean, SOM: EQUIRED)				DATE	
Em	ployee's Signature					