

University of Wisconsin-La Crosse
Science and Health --Campus Absence Form

For protection of all concerned, this form must be filed when any one of the following apply:

- (a) if some or all of the expenses are to be paid with State funds;
- (b) if a University vehicle is to be used for travel;
- (c) if some or all of the reason for the absence is related to official business of the University.

This form need not be filed for travel and absences from campus that are part of routine day-to-day assignments. Questions should be discussed with an immediate supervisor.

NAME: _____ **DEPARTMENT:** _____

PURPOSE OF ABSENCE (please **do not use acronyms**, use full name of organization and conference) : _____

DESTINATION (city, state): _____

DURATION OF ABSENCE (Dates): _____

ADDRESS/PHONE WHERE ABSENTEE CAN BE REACHED: _____

Please indicate arrangements for coverage of departmental responsibilities during absence:

SOURCE OF FUNDS FOR TRAVEL AND OTHER EXPENSE:
University (Dept) _____ University (Grant Acct) _____ Other _____

Mode of travel: Train _____ Plane _____ Auto-Private _____ Auto-University _____ Other _____

Estimated cost of travel including: personal or university vehicle mileage, public transportation, lodging & meals **TOTAL \$** _____

Traveler's Signature: _____ Date: _____

CHAIR'S ACTION ON REQUEST: _____ Travel is Approved **with** University Funding
 _____ Travel is Approved **without** University Funding
 Budget Account # _____ _____ Travel is Disapproved

Signature of Department Chair: _____ Date: _____

DEAN'S ACTION ON REQUEST: _____ Travel is Approved **with** University Funding
 _____ Travel is Approved **without** University Funding
 _____ Travel is Disapproved

Signature of Dean: _____ Date: _____