

# USA REQUEST FOR PROFESSIONAL LEAVE OR TRAVEL

If this leave request includes FOREIGN/INTERNATIONAL travel you must complete the International Travel Review Form PRIOR to making any arrangements and PRIOR to submitting this request.

Name \_\_\_\_\_ Title \_\_\_\_\_ Department \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone # \_\_\_\_\_

Home Address \_\_\_\_\_ J# \_\_\_\_\_

I, \_\_\_\_\_, request permission for professional leave or travel from \_\_\_\_\_ A.M./P.M. on \_\_\_\_\_ (date) until \_\_\_\_\_ A.M./P.M. on \_\_\_\_\_ (date)

This leave request is for:  Professional leave  Consulting  Other

Specific purpose: \_\_\_\_\_

Destination, if travel is involved: \_\_\_\_\_

Will any classes or assignments be missed?  No  Yes

If yes, indicate below what arrangement have been made for appropriate coverage.

Indicate below those classes that will be missed:

| <u>Course</u> | <u># of Days Missed</u> | <u>Coverage</u> |
|---------------|-------------------------|-----------------|
| _____         | _____                   | _____           |
| _____         | _____                   | _____           |
| _____         | _____                   | _____           |

Explanation of class coverage: \_\_\_\_\_  
\_\_\_\_\_

Indicate coverage for the type of responsibilities that will be met: \_\_\_\_\_  
\_\_\_\_\_

Is reimbursement of expenses requested?  No  Yes **If yes, complete the expense estimate below.**

Transportation:  
Airfare \$ \_\_\_\_\_  
Private/University Car \_\_\_\_\_

Lodging and Meals:  
Per Diem (In-State) \_\_\_\_\_  
Lodging (Out-of-State) \_\_\_\_\_  
Meals (Out-of-State) \_\_\_\_\_

Conference Registration Fees \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Total Estimated Cost (not necessarily amount of reimbursement):** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Requestor Date

Foreign/International Travel is defined as travel outside the continental United States.

NO, this travel request DOES NOT include Foreign/International Travel.

YES, THIS TRAVEL REQUEST INCLUDES FOREIGN/INTERNATIONAL TRAVEL: I am ATTACHING a copy of the International Travel Review documentation that I have received (and reviewed) from the Office of International Education/Research Compliance and Assurance, including any Annual Temporary Export Certification (ATEC) documentation received.

If YES, I have read the attached international travel documentation provided and understand the conditions and limitations applicable to this requested travel.

I understand that travel arrangements and reimbursement must be pre-approved, travel arrangements, should not be made prior to submission of this request.

TRAVELER Signature: \_\_\_\_\_

Are you a PHS\* funded investigator? (Refer to PHS agency list <http://www.southalabama.edu/researchcompliance/phsorganizations.html>)

Yes  No

\*PHS Financial Conflict of Interest policy requires PHS-funded investigators to disclose any travel related to their institutional responsibilities that is sponsored or reimbursed by an outside entity within 30 days of occurrence.

Check if travel is sponsored or reimbursed by:

(Note: If any of the boxes below are checked, PHS does **not** require travel disclosure.

Travel paid by sponsored awards to USA is excluded from travel disclosure. PROCEED to signature block)

Government Agency

Institutions of higher education

Academic teaching hospital

Medical center or research institute affiliated with higher education

If no boxes are checked above, please complete section below:

Travel Sponsor/Organization: \_\_\_\_\_

Is this travel related in any way to current PHS-funded research  Yes  No

If yes, please explain: \_\_\_\_\_

To your knowledge, does the travel sponsor have any financial or equity interest in the results of your PHS funded research?  Yes  No

### AUTHORIZATION FOR PROFESSIONAL LEAVE OR TRAVEL

I approve the leave or travel requested on the attached form as being in the best interest of the University. Reimbursement

for expenses incurred is approved in the following funds:

| Fund | Organization | Account | Program | Activity optional) | Amount |
|------|--------------|---------|---------|--------------------|--------|
|      |              |         |         |                    |        |
|      |              |         |         |                    |        |
|      |              |         |         |                    |        |

APPROVED BY:

\_\_\_\_\_  
DEPARTMENT CHAIR Date

\_\_\_\_\_  
DEAN Date

\_\_\_\_\_  
SENIOR VICE PRESIDENT FOR ACADEMIC AFFAIRS OR HEALTH AFFAIRS Date  
(Required only for individuals reporting directly to the Senior vice President or for travel beyond the contiguous forty-eight states and the District of Columbia)

\_\_\_\_\_  
PRESIDENT Date  
(Required only for individuals reporting directly to the Senior vice President or for travel beyond the contiguous forty-eight states and the District of Columbia)

For USA Travel Policies, go to: <http://www.southalabama.edu/financialaffairs/traveloffice/index/html>