

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:**

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2. **Dates of Leave and/or Travel:**

Start	End	Return									
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>				<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			

3. **Employee's Department:** **Department Box #:** **Campus Phone #:**

4. **Leave Type:**

<input type="checkbox"/> Professional Speak/Present, etc.	<input type="checkbox"/> Education Con't. Ed.	<input type="checkbox"/> Vacation
<input type="checkbox"/> Floating Holiday Staff Only	<input type="checkbox"/> FMLA Family Medical Leave Act	<input type="checkbox"/> Sick Leave
<input type="checkbox"/> Other _____		

5. **If University Business:**

Purpose of Travel: _____

Source of Funds: _____ Estimated Cost
\$

Travel Type: Domestic International
(REQUIRES DEAN'S PRIOR APPROVAL)

City of Origin, e.g., New Orleans, Biloxi	Destination
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>

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

SOM/Dept.	_____
MCLNO	_____
TUHC	_____
VAMC	_____
Other	_____

7. **Emergency Telephone number where I may be reached:**

9. **Signatures as required by University rules. University travel must be approved by employee's supervisor. International travel must be approved by the Dean in advance of travel.**

	Signature Dates			
Requester: _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
Section Chief (if required): _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
Department Chairperson: _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
Director (if required): _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
Dean: _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			
Sr. VP - HSC (if required): _____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td><td style="width: 30px; height: 20px;"></td></tr></table>			