

## EASTERN MICHIGAN UNIVERSITY CAMPUS LEAVE & DOMESTIC TRAVEL AUTHORIZATION FOR STAFF

NAME: \_\_\_\_\_ DIVISION \_\_\_\_\_

**1. NATURE OF LEAVE**

\_\_\_\_\_ Annual leave (go to Section V)  
 \_\_\_\_\_ University business  
 \_\_\_\_\_ Professional meeting/conference  
     \_\_\_\_\_ Attendee only  
     \_\_\_\_\_ Presenter/Facilitator  
 \_\_\_\_\_ Consulting/Presentation  
 \_\_\_\_\_ Other: \_\_\_\_\_  
                     (specify)

**II. Reimbursement/Compensation provided by:**

\_\_\_\_\_ University:  
 Fund \_\_\_\_\_ Org. \_\_\_\_\_  
 Acct. \_\_\_\_\_  
 \_\_\_\_\_ Outside Organization  
     \_\_\_\_\_ Expenses  
     \_\_\_\_\_ Honorarium/Fee  
 \_\_\_\_\_ Other (explain)  
 \_\_\_\_\_  
 \_\_\_\_\_

**III. Estimated total expenses for which university reimbursement is expected:**

Lodging	\$ _____
Meals	\$ _____
Travel	\$ _____
Other	\$ _____
Total Estimated Cost	\$ _____

**IV. PURPOSE, DESCRIPTION AND LOCATION OF ACTIVITY/EVENT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. DEPARTURE DATE:** \_\_\_\_\_  
 (Actual departure date or if Annual Leave, first regular work date away from work)

**RETURN DATE:** \_\_\_\_\_  
 (Actual return date or if Annual Leave, first date back to work)

**TOTAL WORK DAYS OFF CAMPUS:** \_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Approved  
 [ ] Denied \_\_\_\_\_ Date: \_\_\_\_\_  
                     Reporting Authority

[ ] Approved  
 [ ] Denied \_\_\_\_\_ Date: \_\_\_\_\_  
                     Dean or Executive Council Member

- Form to be used by University administrative, professional/ Technical, clerical/secretarial staff.
- Form must be completed with supervisor's signature at least five days before departure.
- To be used for activity requiring one or more days off-campus.
- To be completed for annual leave approval.
- Pre-authorization required for University reimbursement.
- Completed forms should be kept on file in the office of the authorizing signatory.