

University-Related Professional Travel Information

Department:	Traveler's Name:	Destination:	Travel Dates:

I **will not miss** any of my regularly scheduled classes while on this trip.

I **will miss** regularly scheduled classes during this trip.

If you will miss regularly scheduled classes because of University-related professional travel, please fill out the Sections below.

Specify the provisions you have made for covering each of your classes during the period of your absence (e.g., a colleague is teaching in your place.)

Class	Day	Date	Time	Coverage:

Class	Day	Date	Time	Coverage:

Class	Day	Date	Time	Coverage:

Class	Day	Date	Time	Coverage:

Class	Day	Date	Time	Coverage:

Class	Day	Date	Time	Coverage:

Traveler's Signature: _____ Date: _____

Thank you in advance for providing this information.

Return this form to the Department Chair/Program Coordinator

I have reviewed the information above and approve the provisions for the classes that will be missed.

Signature of Department Chair/Program Coordinator _____ Date _____

Attach this form to the Travel Authorization Request Form.