

TROY STATE UNIVERSITY

Troy, Alabama

DATE _____

REPORT OF INTENT TO BE ABSENT FROM CAMPUS DUTIES

THIS FORM IS TO BE COMPLETED IN TRIPPLICATE AND FILED THREE DAYS IN ADVANCE WITH THE PRESIDENT, THE DEAN, AND THE HEAD OF THE DEPARTMENT WHEN ANY ABSENCE FROM THE CAMPUS INVOLVES INTERRUPTION OF DUTIES. OUT OF STATE TRAVEL REQUIRES APPROVAL OF THE GOVERNOR IN ADVANCE IF EXPENSES ARE TO BE CLAIMED. TRAVEL EXPENSES MAY NOT EXCEED BUDGETARY PROVISIONS AND BUSINESS OFFICE APPROVAL.

NAME _____

DATE OF INTENDED ABSENCE _____

PURPOSE OF ABSENCE (IF OUT-OF-STATE INDICATE LOCATION) _____

WHAT PROVISION HAS BEEN MADE FOR CLASSES AND OTHER DUTIES? _____

SIGNATURE

APPROVED _____

HEAD OF DEPARTMENT OR DIVISION

APPROVED _____