

**KENT STATE UNIVERSITY
FACULTY ABSENCE AUTHORIZATION/EXPENDITURE ESTIMATE**

All copies to be submitted to department chairperson/school director prior to absence.

SECTION I — To be completed by faculty member

NAME _____ Date of request _____

Department/School _____ College _____

Proposed Absence Dates	Class Absences Date	Class	Class Arrangement/ Disposition of Responsibility
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Destination _____

Others going from department, if any _____

Purpose:

- Instruction or field trip — Course number _____
- Professional meeting or conference — Name of organization _____
- Administration — Department _____, College _____, University _____,
- Research
- Other — Specify _____

Description of purpose and role of participant _____

SECTION II — To be completed by faculty member only if reimbursement is requested.

Account name and number to be charged _____

Estimated cost:

Transportation (Mode of travel _____)	\$	_____
Lodging	\$	_____
Meals	\$	_____
Registration fee	\$	_____
Other — specify _____	\$	_____
Total estimated cost	\$	_____

SECTION III — Recommendation of department chairperson/school director.

Absence approved disapproved

- Full reimbursement
- Partial reimbursement — Specify _____
- No reimbursement

Department Chairperson/School Director Date

SECTION IV — Authorization by Dean.

Absence approved disapproved

- Full reimbursement
- Partial reimbursement — Specify _____
- No reimbursement

Dean Date

DISTRIBUTION

- White —Attach to Travel Expense Reimbursement Request; send to Vice President
- Canary —Dean
- Pink —Return to Department Chairperson/School Director
- Goldenrod —Return to faculty member

ACTUAL AUTHORIZED REIMBURSEMENT \$ _____ (Total of Travel Expense Reimbursement Request)
