

**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 | 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) |
|--|