

Travel and Leave Authorization for Deans and Chairpersons

Name:

Date of Request:

Type of Personal Leave

Annual Sick Other, Specify:

Beginning Date

Ending Date

Total # of hours

Type of Business Travel

CONFERENCE/CONVENTION/MEETING

SPEAKER

If a Disclosure of Outside Activities is required, has it been submitted to HR?

OTHER

Yes No N/A

Describe Travel:

Travel Location:

Departure Date:

Return Date:

Benefit to Grant/Project or benefit to UF:

Emergency Contact Information

Emergency Contact Number

N/A

Acting Dean or Chairperson

Acting Office Phone

Acting Cell Phone

Processing

Submitted by:

Return to email:

Approved: Yes No

A. Isabel Garcia, D.D.S., M.P.H., Dean, UF College of Dentistry

Dean's Office Processing