

University of Louisiana Monroe
School of Pharmacy
Leave and Travel Request Form

To: _____ From: _____ Date: _____
 Basic Pharmaceutical Sciences Clinical Sciences Toxicology Other

I hereby request leave for the following reason:

Official Sick Vacation Civil

Departure: _____ Return: _____ Total Days: _____

If leave is for official purposes, complete the following:

Purpose and Destination:

Mode of Travel*: _____

* If university vehicle is used, submit an accompanying request.

Costs: (If University expense is authorized)	Lodging:	_____
	Mileage/Travel:	_____
	Meals:	_____
	Conference Fee:	_____
	Other:	_____
	Total:	_____

Address/Phone While Away: _____

Classes and Coverage While Away: _____

(If applicable, please submit "Notice of Temporary Course Coverage" FORM CP#7)

Requestor's Signature: _____

Approved or Denied By:

Approved Denied Reason for Denial: _____

Employee's Director or Department Head