

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

All copies to be submitted to Campus Dean prior to absence.

SECTION I — To be completed by faculty member

Name _____ Date of request _____

Department/School _____ Campus _____

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

Destination _____

Others going from campus or department, if any _____

Purpose:

- ☐ Instruction or field trip — Course number _____
- ☐ Professional meeting or conference — Name of organization _____
- ☐ Administration — Department____, Campus____, 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 chair/school director.

Would the conference/meeting be of value to the professional growth and development of the faculty member? Yes ☐ No ☐

Comments _____

Department Chair/School Director

Date

SECTION IV — Authorization by Campus Dean.

Absence approved ☐ disapproved ☐

☐ Full reimbursement

☐ Partial reimbursement — Specify _____

☐ No reimbursement

Regional Campus Dean

Date

DISTRIBUTION:

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

**ACTUAL AUTHORIZED
REIMBURSEMENT**

\$ _____

(Total of Travel Expense
Reimbursement Request)