

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)