Professional Leave and Travel

All travel must be approved by immediate supervisor in advance of travel dates.

Name: _____ Title: _____ Date:_____

Length of Leave: Days: _____ Hours: _____ First Day (Date):_____
Last Day (Date): _____

Location(s):_____

Purpose of trip: _____

Is this trip mission-critical to the College? Explain:_____

What will the College gain if you go or lose if you do not? _____

_____

If applicable, can just one person attend the conference/business meeting? _____

If more than one person needs to attend, can the trainer be brought to the College? _____

Will required certification be obtained at the conference/business meeting? _____

Faculty:

Classes missed	Date	Arrangements

Transportation Expenses:

Compare: Automobile (Miles) _____@ _____ Cents/Mile = Total_____ **VS.** Airfare quote _____

Misc. (rental car, taxi, parking, TJC vehicle rental, gratuities) _____

Other Expenses:

Lodging _____ Meals (including gratuities_____ Registration fees _____ Misc. _____

Total Expenses: _____

Signature: _____ Date: _____

Dean/Director: _____ Date: _____

Vice President/Provost/President:_____ Date:_____

cc: Business Office at conclusion of trip (with employee's expense report envelope) ;Dean/Other Administrator; Employee