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**Absence Request - Intent to Travel**

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| **Traveler’s Name**  **Type first name middle name last name** | **Date Submitted**  **mm/dd/yyyy** |

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| **Dates of Travel** | | | | |
| **Beginning Date** | mm/dd/yyyy | **Start Time** | hh:mm am/pm | **Total Days Requested**  number of days |
| **Ending Date** | mm/dd/yyyy | **End Time** | hh:mm am/pm |  |

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| 1**Vacation Days To Be Taken** | | | | |
| **Beginning Date** | mm/dd/yyyy | **Start Time** | hh:mm am/pm | **Total Days Requested**  number of days |
| **Ending Date** | mm/dd/yyyy | **End Time** | hh:mm am/pm |  |

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| **Date of Birth**  **mm/dd/yyyy** | **Domestic Travel**  City: type City name  State: type State name | | **International Travel**  Country:  type Country if not United States |
| **Benefit to UT Southwestern** | | Type benefit to UT Southwestern | |

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| **Business Related Leave**  Conference:  type conference name here  Conference Dates:  type conference date(s) here  Web Address of Conference:  type conference website address here  Invited Speaker/Visiting Professor  Host Paid Amount: $       Host Name:  enter Host name  Honorarium Paid Amount: $       Honorarium Name: enter Honorarium name  Scientific Committee/Review Board  Research Related  Other Business Related:  type other business type here |

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| **Traveler’s Signature**  I certify that the information provided by me in this document is, to the best of my knowledge, true and correct.  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Report’s To Signature**  Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Optional Departmental Use**

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| --- | --- | --- | --- | --- | --- |
| **Approximate Cost:** | | | | | |
| **Air Fare, Taxi, Shuttle, Rental** | **Meals** | **Lodging** | **Registration** | **Incidentals** | **TOTAL** |
| $ | $ | $ | $ | $ | $ |