

Name _____ Department _____

Type of Absence: Annual Leave Sick Leave Scientific Meeting Number of Days
Consultation CE/Extension (Missouri) CE/Extension (Out-of-state) Other (explain)

Dates of Absence: From _____ (date) _____ (time) Through _____ (date) _____ (time)

Dates of Meeting: From _____ (date) _____ (time) Through _____ (date) _____ (time)

Purpose of Trip: _____

Destination: _____

Where can be reached: _____

Source of Funding: _____ Estimated Cost: _____

No University
 Funding _____

Title of Paper (if any): _____

May we call you for news publicity? Yes No

Signature _____ Date _____ Approved _____ Department Chairman _____ Date _____

Note: Completed white copy due in Fiscal Office of the College 3 working days prior to absence. In instances of sick leave, the day following return to work. Pink copy returned to faculty, yellow copy to department files, white copy for Dean's Office.