

(This form is to be filled out along with the Travel Authorization Form, prior to actual travel)

Faculty Member's Name: _____

Department: CPSC CNMG ERSC ET IFSC SYEN Other _____

Last date in office before travel: _____ Time: _____

Return to the office (date): _____ Time: _____

How can you be contacted? Cell phone: _____ Other phone: _____

Is this travel submitted to Time Clock? Yes No

Will you be on this travel during a scheduled class? Yes No

(If yes, please complete the form below otherwise, please sign in the signature line.)

Arrangements for covering classes and other duties:

Class/Duty	Class Date(s)	Class Time	Arrangement

Comments: _____

SIGNATURE:

I agree with this plan.

Faculty Member

Date

Department Chair

Date