



DCSTEM Travel Planning Supplemental Form

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

Traveler's Name: _____

Department/School _____

Last day in office (date): _____

Time: _____

Return to Office (date): _____

Time: _____

How can you be contacted? Cell Phone: _____

Other Phone: _____

Will you be on this trip during a scheduled class? _____

Do you have any administrative duties (not related to teaching) that require a proxy? _____

(Program or Lab Coordinator, Center Leader, Departmental Chairperson, Budgetary Head, Workday "process approver", anything that requires you specifically to perform an action so that processes can continue seamlessly, etc.)

Class/Duty	Class Date(s)	Class Time	Arrangement

Comments: _____

SIGNATURE:

I agree with this plan.

Traveler Date

Department Chair (or equivalent) Date

Please send an electronic copy to DCSTEM Dean's Assistant after being signed

Revised 2022/05/03 rlpetry