

**KENT STATE UNIVERSITY  
REGIONAL CAMPUSES  
FACULTY ABSENCE AUTHORIZATION/EXPENDITURE ESTIMATE**

All copies to be submitted to Campus Dean prior to absence.

**SECTION I — To be completed by faculty member**

Name \_\_\_\_\_ Date of request \_\_\_\_\_

Department/School \_\_\_\_\_ Campus \_\_\_\_\_

Proposed Absence Dates	Class Absences Date      Class	Class Arrangement/ Disposition of Responsibility
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Destination \_\_\_\_\_

Others going from campus or department, if any \_\_\_\_\_

**Purpose:**

- ☐ Instruction or field trip — Course number \_\_\_\_\_
- ☐ Professional meeting or conference — Name of organization \_\_\_\_\_
- ☐ Administration — Department\_\_\_\_, Campus\_\_\_\_, University\_\_\_\_
- ☐ Research
- ☐ Other — Specify \_\_\_\_\_

Description of purpose and role of participant \_\_\_\_\_

**SECTION II — To be completed by faculty member only if reimbursement is requested.**

Account name and number to be charged \_\_\_\_\_

**Estimated cost:**

Transportation (Mode of travel _____)	\$ _____
Lodging	\$ _____
Meals	\$ _____
Registration fee	\$ _____
Other — specify _____	\$ _____
Total estimated cost	\$ _____

**SECTION III — Recommendation of department chair/school director.**

Would the conference/meeting be of value to the professional growth and development of the faculty member? Yes ☐ No ☐

Comments \_\_\_\_\_

\_\_\_\_\_  
Department Chair/School Director

\_\_\_\_\_  
Date

**SECTION IV — Authorization by Campus Dean.**

Absence approved ☐ disapproved ☐

☐ Full reimbursement

☐ Partial reimbursement — Specify \_\_\_\_\_

☐ No reimbursement

\_\_\_\_\_  
Regional Campus Dean

\_\_\_\_\_  
Date

**DISTRIBUTION:**

White — Attach to Travel Expense Reimbursement Request; send to Associate Vice President  
Canary — Campus Dean  
Pink — Department Chair/School Director  
Goldenrod — Return to faculty member

**ACTUAL AUTHORIZED  
REIMBURSEMENT**

\$ \_\_\_\_\_

(Total of Travel Expense  
Reimbursement Request)