

KENT STATE UNIVERSITY
FACULTY/STAFF ABSENCE AUTHORIZATION/EXPENDITURE ESTIMATE

All copies to be submitted to department chairperson/school director prior to absence.

SECTION I — To be completed by faculty/staff member

NAME _____

Date of request _____

Department/School _____

College _____

Proposed Absence

Class Absences

Class Arrangement/

Dates

Date

Class

Disposition of Responsibility

Destination _____

Others going from department, if any _____

Purpose:

☐ Instruction or field trip — Course number _____

☐ Professional meeting or conference — Name of organization _____

☐ Administration — Department _____, College _____, University _____

☐ Research

☐ Other — Specify _____

Description of purpose and role of participant _____

SECTION II — To be completed by faculty/staff 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 chairperson/school director.

Absence approved ☐ disapproved ☐

☐ Full reimbursement

☐ Partial reimbursement — Specify _____

☐ No reimbursement

Department Chairperson/School Director

Date

SECTION IV — Authorization by Dean.

Absence approved ☐ disapproved ☐

☐ Full reimbursement

☐ Partial reimbursement — Specify _____

☐ No reimbursement

Dean

Date

**ACTUAL AUTHORIZED
REIMBURSEMENT**

\$ _____

(Total of Travel Expense
Reimbursement Request)