



## House Staff Leave Request & Travel Authorization

Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Date of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

### TYPE OF LEAVE REQUESTED

_____ Vacation	_____ Holiday	_____ Military Leave
_____ Administrative Leave	_____ Jury Duty	_____ Family Medical Leave Act
_____ Funeral Leave	_____ Sick Leave	_____ Educational Leave

Purpose of EL: \_\_\_\_\_

Disposition of work while absent: \_\_\_\_\_

Current Rotation: \_\_\_\_\_

Backup Call: \_\_\_\_\_

### In case of emergency, I can be reached at:

Phone #: (    )    -    Address: \_\_\_\_\_

### TRAVEL AUTHORIZATION

**Please submit completed, signed form with applicable expense report.** Deans, Department Heads and Chairs, and Administrators have the discretion to require more documentation and to determine if rates will be reimbursed at a lower rate pending availability of funds.

Name of Conference, Meeting, or Program: \_\_\_\_\_

Destination/Location: \_\_\_\_\_

Purpose/Benefit to UTMB: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account/FRS #: \_\_\_\_\_ Estimated Cost of Trip to UTMB: \_\_\_\_\_

### SIGN WHERE APPLICABLE

_____	_____	_____	_____
<b>Requestor Signature</b>	<b>Date</b>	<b>Chief Resident</b>	<b>Date</b>

_____	_____	_____	_____
<b>Program Coordinator</b>	<b>Date</b>	<b>Program Director</b>	<b>Date</b>

**THE ORIGINAL SHOULD BE RETAINED IN THE RESIDENT'S DEPARTMENTAL PERSONNEL FILE UPON THE PROGRAM DIRECTOR'S FINAL APPROVAL**