

Faculty Requests for Alternate Work Location/s, Leave of Absence, Leave Without Pay

This form is required for a temporary or permanent change of headquarters and allows justification of travel and other expenses from a location other than College Station

- PLEASE TYPE - HANDWRITTEN FORMS NOT ACCEPTED -

This request is for: A travel request will be filed in coordination with this activity

UIN	Name (Last, First)	Title	Dept. & Div. Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete for off-site requests

Location and duration of request: Start Date End Date *(if temporary relocation, this will be the last day of reimbursable expenses)*

Location 1: Co./Institution City St. Country

Dates at this location (if multiple locations): Start Date End Date

Location 2: Co./Institution City St. Country

Dates at this location: Start Date End Date

Location 3: Co./Institution City St. Country

Is this for a TAMU Faculty Development Leave? Yes No If yes, stop here and submit; approvals on file

Will you receive salary or payment for this activity? Yes No If yes, provide details of compensation in the justification below

Justification: **Provide details to justify this request** including focus of work, interactions with locations visiting and benefit to TAMUS. Explain how ongoing initiatives will be monitored. Attach additional sheet if necessary; incomplete explanations will be returned.

Current Date

Faculty Signature

Division/Department Head Signature

Departmental Business Administrator Signature

Executive Associate Dean Signature

Dean of Faculties Signature