

APPLICATION FOR ABSENCE

Name:				Date:		
Department:				Phone:		
Absence Starts:	Time: Date:		te:	Return:	Time:	Date:
will be absent day(s) and this leave is properly chargeable to:						
Sick Leave Travel on college business ()						
Annual leave *		Leave of abse	ence w/o pay			
Compensatory holid	ay(s)	Other				
(*Calendar year e	mployees only)					
Arrangements for pr	rofessional resp	onsibilities schedu	led during this time:			
Class	Time	Day/Date	Substitute Instru	uctor/Other arrangeme	ents	
	ALL VEH	HICLE REQUESTS M	UST BE SUBMITTED ! STATE CAR REQUES			
Name:				Date:		
Department:				Phone:		
Purpose of Travel:						
Do you possess a current NYS driver's license?			Yes (X)	No ()		
Will pick up car on:	Date:		Time:		<u></u>	
Will return car on:	Date:		Time:			
Travel Voucher needed for expenses?			Yes)	No		
Estimated total travel expense:			Amount requested from college funds:			
Destination:			Estimated Miles	:		
Number of persons traveling:			Extra equipmen	t going:		
· ·	•		igned out or vehicle ble when your plans	will be assigned to som change.	neone else.	
			by the return time on I into the key slot on	this request to permit the loading dock.	servicing for the	next user.
6. <u>Driver</u> is responsible in the same shape as asap.7. <u>Driver</u> is responsible 8. All out of state or	ble for removin s it left in. Any ble for submitti overnight trave uld be emailed	g trash (coffee cup mud inside/Outsid ing all credit card re el requires Cabinet to carrequests@m	s, napkins, parking po e must be cleaned pr eceipts to the Busines member approval be orrisville.edu, once co	ior to return. Any/all a	cle. And is also ex accidents must be e request form.	·
	_	and for somedaming.				
Applicant signature:				Date:		
Supervisor signature	<u> </u>			Date:		
Cabinet member sig	nature:			Date		