

**MORRISVILLE**  
 EST. 1908  
**STATE UNIVERSITY  
 OF NEW YORK**  
**APPLICATION FOR ABSENCE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Absence Starts: Time: \_\_\_\_\_ Date: \_\_\_\_\_ Return: Time: \_\_\_\_\_ Date: \_\_\_\_\_

I will be absent \_\_\_\_\_ day(s) and this leave is properly chargeable to:

Sick Leave \_\_\_\_\_ Travel on college business \_\_\_\_\_

Annual leave \* \_\_\_\_\_ Leave of absence w/o pay \_\_\_\_\_

Compensatory holiday(s) \_\_\_\_\_ Other \_\_\_\_\_

(\*Calendar year employees only)

Arrangements for professional responsibilities scheduled during this time:

Class	Time	Day/Date	Substitute Instructor/Other arrangements

**ALL VEHICLE REQUESTS MUST BE SUBMITTED 5 DAYS IN ADVANCE**

**STATE CAR REQUEST FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Second Driver: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Do all drivers on this request have a current NYS driver's license & has a current license been provided to Univ. Police ( ) Y ( ) N

Will pick up car on: Date: \_\_\_\_\_ Time: \_\_\_\_\_

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 equipment going: \_\_\_\_\_

1. Vehicle must be picked up within 24 hours of time signed out or vehicle will be assigned to someone else.
2. You must notify Facilities in writing as soon as possible when your plans change.
3. Vehicle must be returned to Facilities parking area by the return time on this request to permit servicing for the next user.
4. Keys returned after working hours should be placed into the key slot on the loading dock.
5. Privately owned vehicle being left must be parked in staff/visitor parking lot. (Last row near fence)
6. **Driver** is responsible for removing trash (coffee cups, napkins, parking permits, etc.) from vehicle. And is also expected to keep vehicle in the same shape as it left in. Any mud inside/Outside must be cleaned prior to return. Any/all accidents must be reported to Facilities asap.
7. **Driver** is responsible for submitting all credit card receipts to the Business Office.
8. All out of state or overnight travel requires Cabinet member approval before submitting vehicle request form.
9. Car requests should be emailed no later than **5 days** in advance to [carrequests@morrisville.edu](mailto:carrequests@morrisville.edu) once completed and signed. All requests MUST have proper signatures prior to sending to Facilities for scheduling.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cabinet member signature: \_\_\_\_\_ Date: \_\_\_\_\_