

# COLLEGE OF BILSA ABSENCE FORM

Please complete this form any time you will be off campus for absences other than sick leave.

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_

RETURN DATE: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

THOSE ACCOMPANYING ME ON THIS TRIP ARE:

\_\_\_\_\_

PROVISION OF ASSIGNED RESPONSIBILITIES:

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

If you are requesting funds for this absence, please complete the information below.

Estimated total of trip: \_\_\_\_\_

Amount of funds approved by your dept.: \_\_\_\_\_ Account Code: \_\_\_\_\_

Amount of funds approved from BILSA: \_\_\_\_\_ Account Code: \_\_\_\_\_

Amount of funds from other sources: \_\_\_\_\_

Approval by Chair/Director (indicates approval of absence and expenditures of dept. funds) \_\_\_\_\_ Date

Approval by Dean Wayne Weber (necessary only to approve expenditure of BILSA funds) \_\_\_\_\_ Date