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| **MEMORANDUM OF ABSENCE**  **TRAVEL/LEAVE** | | | | | | | |
| Name of Person Making Request: | | |  | | | | |
| Activity Information: | Click or tap here to enter text. | | | | | | |
| Dates of Absence: | Select start date. | | | through | Select end date. | | |
| Type of Leave: | Professional Travel/Leave    Personal Travel/Leave | | | | | | |
| Purpose of absence  (if Professional): | | Click or tap here to enter text. | | | | | |
| Address/Phone or other contact information during absence: | | Click or tap here to enter text. | | | | | |
| Person covering your duties and responsibilities during absence: | | Click or tap here to enter text. | | | | | |
| Signature of Requestor: |  | | | | | Date: |  |
| Chair's Approval: |  | | | | | Date: |  |