



SCHOOL OF GLOBAL INTEGRATIVE STUDIES

Anthropology | Geography | Global Studies

**MEMORANDUM OF ABSENCE
TRAVEL/LEAVE**

Name of Person Making Request

Date

Activity
Information:

Dates of Absence: _____ through _____

_____ Professional
Travel/Leave

_____ Personal
Travel/Leave

Purpose of professional absence:

Address/Phone or other contact information during
absence:

Person covering your duties and responsibilities during
absence:

Signature of
Requestor

Date

Chair's
Approval

Date

