



Health Science Center

Travel and Leave Authorization form for Deans

Name

Date of Request

Type Leave Requested

Annual

Sick

Other

Hours of Leave Requested:

Type Travel Approval Requested

Conference/Convention/Meeting

Speaker

Other

Description

Travel Location

Departure Date

Return Date

Benefit to Grant/Project or Benefit to UF

College personnel must ensure this travel is necessary for the performance of official business duties and is charged to an appropriate cost center.

Submitted by:

Please return the completed/signed form to:

P.O. Box

Approved

Disapproved

Tom V. Harris, Associate Vice President, Health Affairs