## **Short Term Administrative Leave** Application Form

Department: Extension:	Name:	Date:			
Dates: Begins Approval for this request is needed by:  Ends					
Ends	Conference/Project T	itle:			
Briefly describe proposal and explain the relationship to your job (if any). Attach agenda if available.  Last time you received administrative leave funds:    Month/Year	Dates: Begins _		Approval for this request is ne	eded by:	
Last time you received administrative leave funds:    Month/Year	Ends		<del></del>		
Budget Outline Registration fee \$ Departmental \$ Travel cost	Briefly describe prop	osal and explain the relationsh	ip to your job (if any). Attach agenda if av	ailable.	
Budget Outline Registration fee					
Registration fee Travel cost Lodging Staff Development Other: Cother: Requested from Administrative Leave Fund Total: \$	Last time you receive	ed administrative leave funds: _			
Other: Total:  Applicant Signature  Approvals:  Supervisor:	Registration fee Travel cost Lodging		Departmental Staff Development Other:		
Total: \$ Total: \$ Applicant Signature  Approvals:  Supervisor:			A desirable to Lance Freed		
Approvals:  Supervisor:					
Committee:	Approvals:	• •	Comments:		
Signature  Date  College President:  Denied  Denied	Signature		Date		
College President: Approved Comments  Denied	Committee:	* *	Comments:		
Denied	Signature		Date		
Signature Date	College President:	* *	Comments		
	 Signature		Date		

Yellow: Originator (attach copy to travel voucher) White: Personnel

Use account #74-23-77-320-50205