**Complete form and attach to email request for Chair’s approval (Cc:** [**patricka@fau.edu**](mailto:patricka@fau.edu)**).**

**Faculty must include completed** [**Faculty Absence Notification/Leave Request Form**](file:///\\elway\Honors\Faculty%20Research%20and%20Travel%20Accounts\Forms\Faculty%20Absence%20and%20Leave%20Request) **with TAR submission.**

**Domestic travel: At least 2 weeks in advance and/or International travel: At least 3 weeks in advance**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** (as it appears on your travel I.D.): | |  | | | | | | | |
| **Extension**: | |  | | | | |  | | |
| **Z#:** | |  | | | | |  | | |
| **Benefit to State**: | |  | | | | | | | |
| **Destination**: | |  | | | | | | | |
| **Purpose of Travel**: | |  | | | | | | | |
| **Conference Title** (if applicable): | |  | | | | | | | |
| Departure (from home or campus): | Date: | | *(M/d/yyyy)* | | | Time: | : | Location: |  |
| Return (to home or campus): | Date: | | *(M/d/yyyy)* | | | Time: | : | Location: |  |
| Will you miss any classes? |  | | | | Yes |  | No |  | |
| If yes: | Date: | | | *(M/d/yyyy)* | | Course#: |  | | |
|  | Coverage: | | |  | | | | | |
|  | Date: | | | *(M/d/yyyy)* | | Course#: |  | | |
|  | Coverage: | | |  | | | | | |
|  | Date: | | | *(M/d/yyyy)* | | Course#: |  | | |
|  | Coverage: | | |  | | | | | |
|  |  | | | | | | | | |

Additional Information:

**\*Work related travel at no cost to the University**