

**UAB GRADUATE SCHOOL
EMPLOYEE INTRA AND OUT OF STATE TRAVEL REQUEST OR
VACATION LEAVE REQUEST
FY 2012 – 2013**

NOTE: This completed form should be submitted at least 30 days prior to the intended date of travel, or the initial date of the requested leave time, to each staff person's direct supervisor.

PROFESSIONAL TRAVEL REQUEST

Employee Name: _____

Meeting or Event: _____

Inclusive Dates: From _____ To _____

Benefit/Purpose: _____

Estimated Total Cost: _____

Please submit a copy of the meeting announcement or event program along with this form

VACATION LEAVE REQUEST

Dates: _____

Direct Supervisor Signature: _____

Dean or Associate Dean Signature: _____