

**UAB GRADUATE SCHOOL  
EMPLOYEE INTRA AND OUT OF STATE TRAVEL REQUEST OR  
VACATION LEAVE REQUEST  
FY 2009 – 2010**

**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: \_\_\_\_\_