

**SABBATICAL or LEAVE WITHOUT PAY TRAVEL
APPROVAL REQUEST FORM**

Date: _____

Name of Faculty Member on Leave: _____

Home Department of Faculty Member: _____

Dates of Travel: _____

Destination: _____

Justification and purpose of travel: _____

Benefit to University of Oregon: _____

Estimated Cost of Travel: _____

Sources of Funds (include Index and Fund type): _____

SIGNATURES:

Faculty Member: _____ Date: _____

Department Head: _____ Date: _____

Dean: _____ Date: _____

Vice President: _____ Date: _____