



**Request for Approval for Attendance at Events**  
**Faculty Use Only**  
**Approval from Employee Relations NOT Required**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Ext #: \_\_\_\_\_

Event: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Event Location: \_\_\_\_\_ Event Date: \_\_\_\_\_

Overnight accommodations required? YES  NO

Out-of-state travel required? YES  NO

Estimated Cost: \_\_\_\_\_

College to pay cost? YES  NO

Sponsor to pay cost? YES  NO

Employee to pay cost? YES  NO

Reason for attendance: \_\_\_\_\_

Has sponsor offered an honorarium or fee? YES  NO  Amount: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

Class Coverage?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please describe: _____
Comments: _____			
_____			
_____			
_____ Dean Signature			_____ Date

**NOTE: This form must be retained in the School for five (5) years.**