

UW-WHITEWATER FACULTY SABBATICAL
TRAVEL APPROVAL REQUEST

TRAVELER'S NAME _____

DESTINATION _____

PURPOSE OF TRIP _____

DATE OF DEPARTURE _____ DATE OF RETURN _____

ESTIMATED COST \$ _____

Fund	Program	Org	Project/Grant

NAMES OF OTHER PEOPLE ATTENDING: _____

You are welcome to provide an attachment to help justify your travel.

TRAVELER SIGNATURE/DATE

DEPARTMENT HEAD SIGNATURE/DATE

APPROVED NOT APPROVED

Questions to be completed by Dean or Division Head:

Is this travel essential and necessary for you to perform your duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a conference presenter or panelist?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Could the business be accomplished through other means (teleconference, videoconference, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there alternative sites closer to campus that would result in lower travel costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
In the case of travel to an event, is it necessary for more than one employee from a division to attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Could the information, instead, be shared with colleagues by the person who was authorized to attend?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Could the trip be postponed or canceled? What is the fiscal consequence of postponing or canceling the trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEAN OR DIVISION HEAD SIGNATURE/DATE

APPROVED NOT APPROVED