

# Short Term Administrative Leave Application Form

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

Department: \_\_\_\_\_ Extension: \_\_\_\_\_

Conference/Project Title: \_\_\_\_\_

Dates: Begins \_\_\_\_\_ Ends \_\_\_\_\_ Approval for this request is needed by: \_\_\_\_\_

Briefly describe proposal and explain the relationship to your job (if any). Attach agenda if available.

Last time you received administrative leave funds: \_\_\_\_\_  
Month/Year

### Budget Outline

Registration fee \$ \_\_\_\_\_  
Travel cost \_\_\_\_\_  
Lodging \_\_\_\_\_  
Meals \_\_\_\_\_  
Other: \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

### Proposed Funding Sources

Departmental \$ \_\_\_\_\_  
Staff Development \_\_\_\_\_  
Other: \_\_\_\_\_  
Requested from \_\_\_\_\_  
Administrative Leave Fund \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

### Approvals:

Supervisor:  Approved  Denied Comments: \_\_\_\_\_

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

Committee:  Approved  Denied Comments: \_\_\_\_\_

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

College President:  Approved  Denied Comments: \_\_\_\_\_

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