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# *Travel and Leave Authorization for Deans and Chairpersons*

**Name:**

**Date of Request:**

**Type Leave Requested:**

 [ ]  ANNUAL [ ]  SICK [ ]  OTHER Specify:

**Beginning Date:**       **to Ending Date:**       **Total # of hours:**

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#### Type Travel Approval Requested

[ ]  CONFERENCE/CONVENTION/MEETING

[ ]  SPEAKER

 [ ]  OTHER Specify:

**Description:**

**Travel Location:**

**Departure Date:**

**Return Date:**

 -**---------Benefit to Grant/Project or Benefit to UF----------**

|  |
| --- |
|       |

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**Can you be contacted in the case of a college emergency?**  [ ]  YES [ ]  NO

**If yes, contact phone number:**

**Acting Dean or Chairperson:**

**Acting office phone:**       **Acting cell phone:**

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Submitted by:

Approved:

Boyd E. Robinson, D.D.S., M.Ed., Interim Dean