

PROFESSIONAL DEVELOPMENT LEAVE/FUNDS REQUEST
UNIVERSITY OF MEMPHIS, UNIVERSITY LIBRARIES,
FY 2019-2020

Section A: REQUEST FOR LEAVE

Name: _____ Department: _____ U#: U _____ Application Date: _____ Ext.: _____
 Status: Faculty Staff Professional Leave Requested: _____ Hours _____ Days Departure Date: _____ Return Date: _____
 Event Description: _____ Place of event: _____
 How does this event relate to your job responsibilities? _____
 Organization Member: Yes No Committee member/officer/participant on program: Yes No Explain _____

No funds requested. (Submit form directly to the Dean; committee review is not required.)
 External Funding (grants, etc. Submit form directly to the Dean; committee review is not required.)

Section B: REQUEST FOR FUNDS

Advanced payment requested Registration deadline: _____

Fees (registration, etc. The library will not cover late fees if deadlines are missed.) Please specify: _____ \$ _____

Transportation

Airline or train fare, round-trip, tourist (must submit original passenger receipt): \$ _____
 Parking Fees (Airport/hotel), Limo/Taxi, Subway, Metrorail, Tolls & Ferries, Shuttle (receipt preferred but not required): \$ _____
 Rental Car (round trip; must submit original receipt): \$ _____
 Library Van (no mileage reimbursement): \$ N/A
 Personal Automobile: round trip mileage ___ x 0.47 (\$0.47 per mile) \$ 0

Single: Shared: Driver Passenger (with whom: _____)

Total Transportation: \$ 0

Lodging (If nonconference refer to CONUS [www.gsa.gov/portal/category/21287])

Day 1: \$ _____ + tax \$ _____ = \$ 0
 Day 2: \$ _____ + tax \$ _____ = \$ 0
 Day 3: \$ _____ + tax \$ _____ = \$ 0
 Day 4: \$ _____ + tax \$ _____ = \$ 0
 Day 5: \$ _____ + tax \$ _____ = \$ 0

Advanced payment requested

Total Lodging (including tax): \$ 0

Meals (see attached guidelines for meal rates)

Departure Day (75% of CONUS rate): \$ _____ Day 4: \$ _____
 Day 2: \$ _____ Day 5: \$ _____
 Day 3: \$ _____ Return Day (75% of CONUS rate): \$ _____

Total Meals: \$ 0

Expenses (Fees + Transportation + Lodging + Meals): \$ 0

Less Honorarium Amount: \$ _____

Total Expenses: \$ 0

Total Amount Requested: \$ 0

Section C: SIGNATURES FOR APPROVAL

Requestor's Signature: _____ Department Head's Signature: _____
 Department Head's Comments: _____
 Chair's Signature: _____ Date: _____ **Amount Funded: \$ _____**
 Committee's Comments: _____
 Dean's Signature: _____ Date: _____ Dean's Action: Approved ___ Denied ___

Dean's Comments: _____

*A form must be completed for all travel for insurance purposes.