

REQUEST FOR LEAVE OF ABSENCE AND REIMBURSEMENT

NAME		DATE		
MDID NUMBER		CATEGORY OF OUT-OF-COUNTY TRAVEL		
DEPARTMENT NAME	C	QUAL#		
BEGINNING DATE	E	ENDING DATE		
STATUS	C	DEPARTMENT TEL. #		
CHECK TYPE OF DUTY OR LEAVE: INSERT # OF DAY: (Department will report hours in Time & Attendance) HOURS	S/HOURS IN LE	AVE CATEGORY		
TEMPORARY DUTY	TRAINI	NG		
SUBSTITUTE REQUES	JBSTITUTE REQUESTED			
* CONSULTING WITHO	OUT PAY			
EXPLANATION OF REQUEST: CONFERENCE, CONVE CONFERENCE/CONVENTION NAME:	NTION OR OTH	IER (DO NOT USE ABBREVI	ATIONS O	R ACRONYMS)
DESCRIPTION: Employee must state benefits accruing to MDC. (Ref. Pro-	cedure 3400)			
SPONSOR:				
LOCATION:				
Signature of Employee				
RECOMMENDED FOR APPROVAL:				
Chairperson/Supervisor Associate Dean/Director	Dean		Campus President/Vice College President or Provost or Designee Date: College President or Designee Date:	
Date: Date:	Date:	•		
If no travel expenses are requested, indicate organization	on or person pay	ring actual expenses. (Require	Name or	Agency)
Request for reimbursement while on official business for N	Miami Dade Coll	ege	Accou	ınt #
DO NOT COMPLETE FOR LEAVE W/O EXPENSES Common Carrier/Teleticket #	(ACTUAL)	Estimated Expenses	Actual Expenses	
Mileage Vicinity Mileage/Auto Rental Per Diem				
Lodging				
Meals **Registration (Include Advance)				
Other: Specify (Taxi, Toll, Parking etc.)				
Total				
Time Temporary Duty started Date:		me Temporary Duty Ended e expenses were actually incurred I		Date:

APPROVED:

Signature of Supervisor

travel expenses in the performance of my official duties:.

Signature of Traveler

^{*}Explanation or leave plan needed. **If meals are a part of the registration fee, they must be included under the meals section and deducted from the registration fee.