

EMPLOYEE REQUEST FOR TRAVEL AND AUTHORIZATION FORM

I, _____, am requesting authorization to travel to _____
(Employee's Name) (Destination)

for _____ due to _____ by _____.
(Length of Time) (Example: Vacation, Family Emergency, etc.) (Mode of Transport)

Please specify the type of activities you will be performing while traveling:

*****Supporting medical documentation must be attached to review for authorization as stated in Section 5.03.10 (a-c) of Executive Order 1-33, Workability Guidelines*****

Employee Signature

Date

Treating Physician Signature

Date

For Department Use:

Travel Authorization: Approved Denied

Reason: _____

Designated Department Representative Signature

Date