

BBE Vacation/Business Travel/Sick Leave Notification Form

University Policies (for academic employees only)

For details on University's Vacation, Business and Sick Leave policies please refer respectively to:

- Vacation - <http://www1.umn.edu/ohr/benefits/leaves/vacation/academic/index.html>
- Sick Leave - <http://www1.umn.edu/ohr/policies/leaves/paidmedleave/index.html>
- Business Trips - <http://www.policy.umn.edu/groups/ppd/documents/policy/Travel.cfm>

If you are planning to take vacation or going on a business trip or need to take sick leave, please complete this form as a way of notifying the department administrative personnel.

If you are planning a business travel, for purposes of UMN liability there is a need to have a record of business travel dates and locations. Additionally, the Department head is requesting, for quality control purposes, that he be notified if the travel will result in more than 2 lectures (or labs) being missed and some indication of how teaching will be covered during your absence. This form is a response to that need. Information from this form will be used as input data in a departmental database. Note that this is NOT an authorization form. Please note that you do not have to report day long or shorter regional field trips for research, Extension, class visits etc.

Name _____ **Employee ID** _____ **Email** _____

--**Vacation:** Start Date _____ End Date _____ # of Hours/Days _____

--**Sick Leave:** Start Date _____ End Date _____ # of Hours/Days _____

--**Comp Time**(Staff only): Start Date _____ End Date _____ # of Hours/Days _____

--**Personal Holiday:** Date _____

--**Business Travel:**

Travel Destination _____

Travel Start Date _____ End Date _____

Travel is being paid on

- Sponsored grant
 AES funding*
 Department funding*
 Other _____

* Prior travel authorization is required for use of these internal funds.

This travel will not result in any missed lectures.

This travel will result in _____ missed lectures or lab sessions with the classes covered by:

TA Guest Lecture Other

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____