NEW RIVER COMMUNITY COLLEGE

ABSENCE AND TRAVEL REQUEST

				Date:
Employee Name (print):				
Date of Travel or Absence:	From			To:
Purpose of Travel or Absence:				
Responsibilities which will be missed and specific provision for replacement:				
Transportation Via: ☐ Com Estimated Expenditures:	ımon Carrier	☐ Private Car		
Estimated Expenditures.		Subsistence Lodging		
Tot	tal Estimated	Other Expenditures		
Traveler's Signature				
Division Dean	☐ Approved	d* □ Re	ejected	Date:
Vice President of Instruction and Student Service	☐ Approved	d* □ R€	ejected	Date:

*Approval implies the availability of departmental funds