

Extended Campus Directors  
**Out of Office Notification Form**

After completing this form,  
please Click the **SUBMIT** button

Current Date

Name

**Dates Expected to be out of Office:**

From (Date):

To (Date):

Total Number of Days:

**Purpose of Absence:**

Business Trip

Vacation

Medical

Other

**May we contact you while you are out?**

By Cell Phone

By E-mail

**If not, please provide the name of the person (s) we should contact in your absence:**

**FOR BUSINESS TRIP:**

**Business Purpose of Trip:**

**Estimate the cost of your trip:**

Less than \$500

\$500-\$999

\$1,000-\$1,499

\$1,500-\$1,999

\$2,000 or more

**Departure**

Driving

Flying

Departure from (City):

Departure Date:

Destination:

Arrival Date:

Departure Time:

Morning

Afternoon

Mid-Day

Evening

Arrival Time:

Morning

Afternoon

Mid-Day

Evening

**Return**

Driving

Flying

Departure from (City):

Departure Date:

Destination:

Arrival Date:

Departure Time:

Morning

Afternoon

Mid-Day

Evening

Arrival Time:

Morning

Afternoon

Mid-Day

Evening

**APPROVALS and/or CONFIRMATION:**

Associate Vice President

Date:

Provost & Senior Vice President *(required for international travel)*

Date: