

CAL POLY HUMBOLDT

Academic Affairs

Staff and Faculty Travel Request Form

This form is for internal purposes only. This form is required for all University related travel, including zero funded travel. Funded travel must go through the Concur process and you must attach this completed and signed form to your travel request in Concur.

Employee Name:		Department:	Employee Type:
Destination(s):		Travel Start Date:	Travel End Date:
Purpose of Travel:			

Funding Source (write N/A if not funded)			
Fund	Dept	Program	Class
Estimated Amount:			

FACULTY ABSENCE CLASS COVERAGE (FACULTY ONLY)

My travel does not coincide with instruction **OR**

During my absence the following coverage will be provided for my classes:

Coverage can be a person or an explanation of how the class will be covered (e.g. planned activity).

Class	Days/Hours	Coverage

Employee Signature

Date

Dept. Chair Signature

Date

Dept. Chair Name (Printed)