

**SABBATICAL or LEAVE WITHOUT PAY TRAVEL  
APPROVAL REQUEST FORM**

Date: \_\_\_\_\_

Name of Faculty Member on Leave: \_\_\_\_\_

Home Department of Faculty Member on Leave: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Justification  
and Purpose  
of Travel:

Benefit to  
University of  
Oregon:

Estimated Cost of Travel: \_\_\_\_\_

Sources of funds (Index and Fund type): \_\_\_\_\_

Signatures:

Faculty Member: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Dean: \_\_\_\_\_ Date: \_\_\_\_\_