



# REQUEST FOR LINE OF DUTY LEAVE

1. COMPLETE THE TOP PORTION AND SUBMIT TO PAYROLL FOR PROCESSING OF LEAVE HOURS USED.
2. UPON RETURN FROM TRAVEL COMPLETE THE BOTTOM PORTION OF THE 2<sup>ND</sup> PAGE AND SUBMIT TO ACCOUNTS PAYABLE FOR REIMBURSEMENT OR TO THE BUSINESS OFFICE FOR PROCESSING.

DATE \_\_\_\_\_

PID \_\_\_\_\_

NAME \_\_\_\_\_  
 Last First Middle

SIGNATURE \_\_\_\_\_

- ADMINISTRATOR
- PROFESSIONAL
- FACULTY
- CAREER

THIS LEAVE FORM REPLACES LEAVE FORM DATED \_\_\_\_\_

REASON FOR REPLACEMENT:  
 \_\_\_\_\_  
 \_\_\_\_\_

PERIOD LEAVE TOTAL WORKING HOURS

FROM: \_\_\_\_\_ 07 \_\_\_\_\_ 2013  
 TIME MONTH DAY YEAR

THROUGH: \_\_\_\_\_ 07 \_\_\_\_\_ 2013  
 TIME MONTH DAY YEAR

NATURE OF MEETING: Summer Working  
Connections South

DESTINATION FSCJ Jacksonville, FL  
 LOCATION (CITY & STATE)

APPROXIMATE COSTS

NO REIMBURSEMENT REQUESTED

ACTUAL EXPENSES

STANDARD RATES

TRAVEL \_\_\_\_\_ PER DIEM \_\_\_\_\_

LODGING \_\_\_\_\_

MEALS \_\_\_\_\_ REGISTRATION \_\_\_\_\_

OTHER (Description and Amount) \_\_\_\_\_

TOTAL \_\_\_\_\_

BUDGET TO BE CHARGED \_\_\_\_\_

POSITION NUMBER \_\_\_\_\_

BENEFIT TO COLLEGE

Increase knowledge and understanding of  
technology curriculum as part of Working  
Connections faculty professional development.

SIGNATURE OF PERSON ASSUMING DUTIES \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL

IMMEDIATE SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISING ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

BUDGET ADMINISTRATOR \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL - INTERNATIONAL TRAVEL

PRESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

DEPARTURE TIME \_\_\_\_\_ DATE \_\_\_\_\_ RETURN TIME \_\_\_\_\_ DATE \_\_\_\_\_

DATE	PER DIEM OR MEALS	AUTO MILEAGE CLAIMED	INCIDENTAL EXPENSES		PREPAID (P-CARD, AVIS, REGISTRATION FEES, ETC.)	
			AMOUNT	TYPE	AMOUNT	TYPE
TOTALS	\$	\$	\$	REIMBURSEABLE Up to \$650	\$	
GRAND TOTAL					\$	

I HEREBY CERTIFY OR AFFIRM THAT ABOVE EXPENSES WERE ACTUALLY INCURRED BY ME AS NECESSARY TRAVELING EXPENSES IN THE PERFORMANCE OF MY OFFICIAL DUTIES, AND MEALS OR LODGING INCLUDED IN A CONFERENCE OR CONVENTION REGISTRATION FEE HAVE BEEN DEDUCTED FROM THIS TRAVEL CLAIM, AND THAT THIS CLAIM IS TRUE AND CORRECT IN EVERY MATERIAL MATTER AND SAME CONFORMS IN EVERY RESPECT WITH THE REQUIREMENTS OF SECTION 112.061, FLORIDA STATUTES.

PAYEE \_\_\_\_\_ DATE \_\_\_\_\_ OFFICE LOCATION \_\_\_\_\_

PURSUANT TO SECTION 112.061 (3) (a), FLORIDA STATUTES, I HEREBY CERTIFY OR AFFIRM THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE TRAVEL WAS ON OFFICIAL BUSINESS OF THE FLORIDA STATE COLLEGE AND WAS PERFORMED FOR THE PURPOSE(S) STATED ABOVE.

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
 (SUPERVISING ADMINISTRATOR)

**FOR ACCOUNTING USE ONLY**

DATE	SOCIAL SECURITY NUMBER	ACCOUNT NUMBER	VOUCHER NUMBER	AMOUNT