

Prior approval for activities and time away (including 20 days vacation and 5 CME, any consulting, or other activities involving industry) is required by Faculty Member's Department Chair/Section Chief/Center Director (or by the Dean or Dean's designee when the faculty member seeking the approval is a Chair or Center Director). Complete one form for each activity and submit it to your immediate supervisor.

			Dept./Division:	
1	Print Na	_		
1.	Request Approval vacation:		Newsbar of days	
	Vacation dates: Number of days: Would approval of these dates require bumping clinical or OR sessions with <60 days notice:			
	would approval of tr	-	· · ·	
•		YES: □	NO: □	
2.	Request for travel:			
			umping clinical or OR sessions with <60 days notice:	
	_	YES: □	NO: □	
	Dates:			
			Purpose:	
Will Temple Funds be used for this activity? YES: $\square$ NO: $\square$ Temple funds source: (Dept. funds, 16 funds, professional, etc.			ry? YES: □ NO: □	
			nds, professional, etc.	
3.	Request for approval: □Consulting, □ Board Membership, □ Speaker, □Other (please specify)			
	Dates of activity:			
	If requires time away, please complete #2			
	Sponsor:			
	Estimated compensation:			
Immediate Supervisor:				
		Print Name	<del></del>	
PLEASE CHECK ONE:		☐ APPROVED	☐ DENIED	
Date:		Supervisor Signa	iture:	