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.

<table>
<thead>
<tr>
<th>Faculty Member: __________________________  Dept./Division: _________________________________</th>
</tr>
</thead>
</table>

1. **Request Approval vacation:**
   - Vacation dates: ____________________________ Number of days: __________________________
   - Would approval of these dates require bumping clinical or OR sessions with <60 days notice:
     - YES: ☐ NO: ☐

2. **Request for travel:**
   - Would approval of these dates require bumping clinical or OR sessions with <60 days notice:
     - YES: ☐ NO: ☐
   - Dates: ____________________________
   - Destination: __________________________ Purpose: __________________________
   - Will Temple Funds be used for this activity? YES: ☐ NO: ☐
   - Temple funds source: (Dept. funds, 16 funds, 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 |

**PLEASE CHECK ONE:** ☐ APPROVED ☐ DENIED

Date: _______________ Supervisor Signature: ___________________________________________________________________________