**School of Biological Sciences**

**Memorandum of Absence for Non-Reimbursed Travel**

**Name:**

**Dates of Absence:**

**Personal Travel (Yes/No):**

**Professional Travel (Yes/No):**

**Purpose of professional absence:**

**Contact information during absence:**

**Person covering your duties and responsibilities (including teaching obligations) during absence:**

**Faculty Signature:**

**Director’s Signature:**