



# Department of Family Medicine and Community Health

UNIVERSITY OF WISCONSIN  
SCHOOL OF MEDICINE AND PUBLIC HEALTH

## AUTHORIZATION FOR TRAVEL OR EMPLOYEE PROFESSIONAL DEVELOPMENT

**\*NOTE: This form is for use by faculty, APPs, or staff**

Name: \_\_\_\_\_

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

Date(s) of activity: \_\_\_\_\_

No. of working days: \_\_\_\_\_

Purpose of Activity (conference title, group, etc.): \_\_\_\_\_

Location of activity: \_\_\_\_\_ **\*\*international approval - start with HR**

**Request for Time Away:**

Regular work time

Leave with pay (vacation, etc)

Leave without pay

The Department/Clinic calendar has been checked and conflicts resolved?

Yes  No

**FUNDING:**

UWMF

Contact: Angie Stojanovich-Doyle

CME/Professional Development

Dept. Program Funds  
Coding: \_\_\_\_\_  
Name: \_\_\_\_\_

Chair Discretionary Funds

UW

Contact: Julia Smith

[UW Policy Cheat Sheet](#)

UW Grant Travel Funds

Project: \_\_\_\_\_  
Name: \_\_\_\_\_

Dept. Program Funds

Coding: \_\_\_\_\_  
Name: \_\_\_\_\_

<i><b>Total Estimated Expenses</b></i>	
Registration Fee	\$
Lodging	\$
Meals	\$
Airfare or Mileage	\$
Other	\$
<b>Total</b>	<b>\$</b>

***\*Submit this form to your Supervisor or Project Manager who will route it to the Pool Manager (if staff CME) then to Finance\****

**APPROVAL SIGNATURES:**

**1) SUPERVISOR APPROVAL:**

Approved as requested       Approved as modified: \_\_\_\_\_

Denied      \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Printed Name of Supervisor or PI/delegate \_\_\_\_\_

Signature of Supervisor or PI/delegate \_\_\_\_\_ Date \_\_\_\_\_

**2) POOL MANAGER'S APPROVAL (staff CME only)**  
**(Skip this step if you are a Physician or APP)**

Request granted       Request rejected

Comment: \_\_\_\_\_

Printed Name of Pool Manager \_\_\_\_\_

Signature of Pool Manager \_\_\_\_\_ Date \_\_\_\_\_

**3) REVIEWED BY FINANCE**

Printed Name of Financial Specialist (Angie or Julia) \_\_\_\_\_

Signature of Financial Specialist \_\_\_\_\_ Date \_\_\_\_\_

Disclaimer: Based on all info available to Finance.

NOTE: Must submit this form with related reimbursement request(s).