**Department of Spanish and Portuguese**

**Travel Funding & Absence From Assigned Duties Request**

**Instructions:**

* The application must be submitted at least 30 days in advance.
* Submit the completed application to Fabiola Parra via email fabi@unm.edu or in Ortega Hall 235D.
* You will receive a decision via email. If awarded, you will be notified of the exact amount.
* Must submit original receipts in order to obtain reimbursements.
* Travel receipts must be submitted within **fifteen (15) days** after the travel is completed. Non-travel receipts (copies, food for event, etc.) must be submitted within **five (5) days** after the purchase.

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| Applicant Information |
| **Today’s date:**  |
| **Name:** | **Email:** |
| **Position at UNM:**  Faculty\_\_\_\_ Staff\_\_\_\_ Student\_\_\_\_ |
| **Requesting:**  Travel Funding & Absence From Assigned Duties\_\_\_\_\_ Travel funding ***(only)*** \_\_\_\_ Absence From Assigned Duties ***(only)*** \_\_\_\_ |
| **Faculty Handbook policies*****C225: Professional Leave Policy*** *(Approved by Faculty on 3/12/74, 4/8/75 and 5/10/78; approved by Regents on 3/14/74, 2/1/75, 5/18/75 and 8/29/78)**It is also recognized that a faculty member's absence for attendance at professional meetings or to fulfill other professional obligations may be considered by the department chairperson or director of an academic division or dean in colleges without departments to be of sufficient importance to justify absence from assigned duties. In any such instance, the request must be made well in advance and must have the approval of the department chairperson or director of an academic division or dean in colleges without departments; here again it is the faculty member's obligation to make suitable arrangements for covering the absence. In order to assure compliance with Laws of 1971, ch. 228 (introduced as House Bill 327), it is the responsibility of each department chairperson to be prepared to report on any faculty absence from regularly assigned classes, scheduled examinations, posted office hours, or other assigned duties or commitments.****C245: Faculty Absence from Assigned Duties****(Approved by Faculty on 3/12/74, 4/8/75 and 5/10/78; approved by Regents on 3/14/74, 2/1/75, 5/18/75 and 8/29/78)**It is expected that each faculty member will meet regularly assigned classes, scheduled examinations, posted office hours, and other assigned duties and commitments. It is recognized, however, that occasional brief absence because of illness, accident, or family crisis may be necessary, and each faculty member shall make suitable arrangements in the event of such absence, including the notification of the students, and shall inform the department chairperson or director of an academic division or dean in colleges without departments to assist in making such arrangements. Since only the individual faculty member can provide the essential continuity and in many cases the expertise in a given course, the use of substitutes for brief absences should generally be avoided.*For other types of leave consult: https://handbook.unm.edu/policies/section-c/leave-absence/c245.html |
| **Reason for Travel:** \_\_\_ Paper Presentation \_\_\_ Session Chair/Moderator \_\_\_ Conference Chair/Executive Board Member \_\_\_ Poster session \_\_\_ Panel Participant \_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Conference:** | **Conference Website:** |
| **Travel Destination (City, State):** | **Departure date:**  | **Return date:** |
| **Title of paper/panel:** |
| **TEACHING/ASSIGNMENT ARRANGEMENTS** |
| **Will any classes or assignments be missed?** \_\_\_ Yes \_\_\_ NoIf yes, indicate below what arrangement have been made for appropriate coverage. |
| **Course/Assignment** | **# of Days Missed** | **Explanation of Class/Assignment Coverage** |
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| BUDGET  |
| **List of Expenses** | **Requested from S&P** | **Requested from other Sources** | **Total Cost** |
| Airfare |  |  |  |
| Lodging |  |  |  |
| Food |  |  |  |
| Registration |  |  |  |
| Honorarium |  |  |  |
| Publicity |  |  |  |
| Other |  |  |  |
| **TOTAL:** |  |
| Signature |
| **Signature of applicant:** | **Date:** |
| FOR dEPARTMENT USE ONLY |
| **Date:** |
| **Funding/Absence Approved:** |
| **Funding Amount approved:** | **Funding Source:** | **Funding Declined-Reason:** |