Traveler’s Name ________________________ Date Submitted ________________________

Date of Departure ________________________ Date of Return ________________________

Name of agency/organization(s) requesting the services:

Description of the professional work proposed during the leave:

Benefit to ISU/department:

Expected ISU responsibilities needed to be covered during the leave request:

Options for covering teaching and other responsibilities during the proposed leave: (List each class or other responsibility separately and give at least one option).