**COLLEGE OF SCIENCE**

UNIVERSITY OF THE PHILIPPINES

APPLICATION FOR SPECIAL DETAIL/LEAVE FOR LOCAL TRAVEL

(Faculty)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME (Last, First, Middle) | | | | | |
| Department/Institute | | | College | | |
| Position/Rank | | | Employment Status | | |
| Place of Destination | | | Inclusive Dates of Travel | | |
| Purpose of travel (please specify details and attach letter of invitation or similar documents) | | | | | |
| Funding Source | | | Type of Leave Requested | | |
| Arrangements for Classes to be Missed | | | | | |
| Course / Section | Schedule | No./% of Class Meetings to be Missed | | Total No. of Classes Already Missed During the Semester | Arrangement for Classes to be Missed |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| Name and Position of Accompanying Non-Academic Personnel, if any. | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requesting Faculty

Recommending Approval: Approval:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IB Director Dean