

DEPARTMENT OF PHYSIOLOGY FACULTY ACTIVITY INFORMATION

Name: _____

Departure Date: _____

Return Date: _____

Destination: _____

Organization's Name: _____

TYPE OF ACTIVITY

Scientific Mtg: _____ Recruiting: _____

Lab Visit: _____ Agency Consultant: _____

Speaker: _____ Leave of Absence: _____

Other: _____

Where (Phone) you can be reached in an
emergency:

Signature: _____ Date: _____

Acknowledged: _____ Date: _____

| | |
|---|--|
| Vacation days allowed | 22 per year |
| Number of annual Academic Professional days | 15 per year |
| Maximum number of carry over days allowed | 10 per year |
| Tabulation of Vacation/PTO and Academic Professional Days based on: | Calendar year (January 1 – December 31) |