

## GEOMATICS DEPARTMENT TRAVEL FORM

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

Absence dates From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Location/s: \_\_\_\_\_

**Please read then sign this declaration:**

My administrative and teaching duties have been allocated appropriately. I have read the University's policy on Travel and agree to abide by its rules and regulations. I agree to submit my claim within 30 days of returning to the University.

I agree to use a 'reasonable level of accommodation' as permitted by the University. I acknowledge that a Travel Diary is compulsory for all trips greater than 5 days and must be provided with my claim for reimbursement. The information provided is the true and correct details of my travel plans/trip and all activities of a personal nature undertaken will be declared.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Verified Department Manager : \_\_\_\_\_ Date \_\_\_\_\_

Approved Head of Department : \_\_\_\_\_ Date \_\_\_\_\_

**Details while on Leave:**

Email address: \_\_\_\_\_ Fax: \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ Phone No.: \_\_\_\_\_

Give further details here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be presenting a paper/s?    Yes     No   
Has the paper/s been accepted?    Yes     No     Rejected     Not yet submitted

Title of Paper/s: \_\_\_\_\_

\_\_\_\_\_

Author/s of paper/s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Primary Account**

Account: \_\_\_\_\_

\_\_\_\_\_  
**Signature of fund supervisor**

**Secondary Account**

Account: \_\_\_\_\_

\_\_\_\_\_  
**Signature of fund supervisor**

**DELEGATION OF TEACHING, RESEARCH AND ADMINISTRATIVE RESPONSIBILITIES**

**What lectures/exams are you responsible for during your absence?**

**What administrative duties are you responsible for during your absence?**

**What research consulting contract work are you responsible for during your absence?**

**Will your absence have an impact on your ability to:**

- | <b>YES</b>               | <b>NO</b>                |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Meeting exam deadlines                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Field pre-exam queries                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Provide exam supervision                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Mark exams and/or attend examiners meetings |
| <input type="checkbox"/> | <input type="checkbox"/> | Conduct or complete a lecture series        |
| <input type="checkbox"/> | <input type="checkbox"/> | Coordinate tutors/demonstrations            |
| <input type="checkbox"/> | <input type="checkbox"/> | Conduct your administrative duties          |
| <input type="checkbox"/> | <input type="checkbox"/> | Meet research consulting contract deadlines |
| <input type="checkbox"/> | <input type="checkbox"/> | Supervision of Graduates                    |

Please detail the arrangements you have made to ensure all your duties are carried out during your absence:

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Removal of Equipment form completed (if required)