



Oregon Health & Science University  
School of Nursing  
Portland Campus

3455 S.W. US Veterans Hospital Rd.  
Portland, OR 97239-2941  
503-494-7100

### Off Campus / Out of Office Request Form

Please submit the completed form to: **Director Supervisor**

**Date:** \_\_\_\_\_

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

**Note:** If you are traveling out of town you must complete this form to notify your primary Academic Program office. In addition, if you are traveling for professional reasons, with funding from an OHSU or a grant account, prior to your travel you must submit a Travel Authorization # which can be obtained from the unit funding your travel and provide information on any monetary limitations on your reimbursement. If you are traveling without funding from an OHSU account or a grant account this is the only form you need to complete.

For faculty involved in academic programs, vacation time during the academic quarter will be granted only in unusual circumstances. For absences which require travel out of town (e.g. attendance at conferences) and an absence of more than 1 day, employees are required to post an out-of-office alert on their email and voicemail, indicating the dates of their absence whether or not they will have access to email, and who is assuming their responsibilities during their absence.

**Purpose of travel:** *(Please check the appropriate box)*

Conference or convention                      Professional meeting, workshop, or seminar

\*Vacation    Other \_\_\_\_\_

\* Remember if you are taking vacation time you must report your vacation hours to SON Timekeeping.

**Dates off campus:**

Day / date leaving: \_\_\_\_\_

Date back on campus: \_\_\_\_\_

**Name of conference, convention, workshop, professional meeting, or seminar:**

Sponsored by: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

**While I am gone my responsibilities will be assumed by**

Teaching \_\_\_\_\_

Clinical students \_\_\_\_\_

Student advisee \_\_\_\_\_

Other \_\_\_\_\_

**My contact information while I am out is:**

Phone number: \_\_\_\_\_

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

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

City, State, Zip Code: \_\_\_\_\_