



**ASSIGNED OFF-CAMPUS
TRAVEL TIME REIMBURSEMENT
FORM
FOR FULL TIME FACULTY**

Name _____

Department _____

Semester / Year _____

Off-campus class location(s) _____

Course(s) taught _____

Length (hours / minutes) of travel time per round trip (from home to campus) _____

Number of round trips per semester _____

Degree Level: MA BA

Applicant _____ Date _____

Dean _____ Date _____

FOR HUMAN RESOURCES OFFICE USE ONLY

DATE RECEIVED _____

AMOUNT TO BE PAID _____

PROCESSED BY _____

DATE PROCESSED _____