

UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

PERMISSION TO TRAVEL
Senior Staff/Junior Staff

Name:

Status: Staff Number:

Dept./Unit:

Date(s) of Absence:

Number of day (s):

Reason(s) for the Journey:

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.....
.....

Signature of Applicant: **Date:**

Approved by
Head of Dept./Unit

Date:

UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

PERMISSION TO TRAVEL
Senior Members (Non-Teaching)

Name:

Status: Staff Number:

Dept./Unit:

Date(s) of Absence:

Number of day(s):

Reason(s) for the Journey:

.....
.....
.....

Signature of Applicant: **Date:**

Recommended by: **Date:**

Head of Dept./Unit

Approved by

Registrar

Date:

UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

**PERMISSION TO TRAVEL
Senior Members (Teaching)**

Name:

Status: Staff Number:

Dept./Unit:

Date(s) of Absence:

Number of day (s):

Reason(s) for the Journey:

.....
.....
.....

Signature of Applicant: Date:

Recommended by: Date:

Head of Department

Approved by

Dean

Date:

If days exceed three (3) days seek authorization from the Vice-Chancellor