

DATE: \_\_\_\_\_

RETURN TO:	FROM:
------------	-------

TO:	FROM:
-----	-------

(1) Staff Member Requested	(2) Tentative Dates Month/Day/Year      Hours		(3) Work Location	(4) Purpose of Trip	(5) Date(s) Scheduled/ Remarks/Approvals

**USE THIS FORM TO REQUEST/APPROVE ASSISTANCE AT ANY TIME. SEE INSTRUCTIONS ON PAGE 2.**

**INSTRUCTIONS**

The “return to” field will be used to route the request for assistance back to the originator.

Offices in each area should submit this form to their area office.

Requests for state office assistance should be submitted to the appropriate Management Team member.

**Column No.**

- (1) Show the individual(s) being requested.
- (2) Insert preferred date(s) with alternates in parentheses. Show approximate hours of assistance needed.
- (3) Show the location where the assistance will be provided.
- (4) Show the specific assistance being requested and with whom the staff member will work, by title or name.
- (5) The person approving or confirming the assistance should complete this column and return the form to the requesting office. A copy should be retained by the staff member providing the assistance. All copies may be destroyed after the assistance has been carried out.