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| **Autorisation d’absence du personnel de l’enseignement supérieur (valant ordre de mission)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordre de mission avec remboursement  (Imprimé de demande de remboursement de frais de déplacement à compléter et à retourner au secrétariat de votre laboratoire ou au service financier de l'UFR) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ordre de mission sans frais valant attestation de non –paiement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | |  | | | | | | | | | | | Prénom | | | | | |  | | | | | | | | Grade | | | | | |  | | | | |
| Affectation | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sollicite l’autorisation de se rendre à | | | | | | | | | | | | Ville | | | |  | | | | | | | | | | | | Pays | | | | | | |  | |
| Du |  | | | | | | | | | | | | | | | | Au | | |  | | | | | | | | | | | inclus | | | | | |
| Objet du déplacement | | | | | |  | | | | | | | | | | | | | | | | | | | | | | Moyen de transport | | | | | | | |  |
| Déplacement à l’initiative | | | | | | | | | | | ☐ de l’UFR | | | | | | | | | | ☐ de l’intéressé(e) | | | | |  | | | | | | | | | | |
| Sur invitation d’un organisme | | | | | | | | | | | ☐ Oui | | | | | | | | | | ☐ Non | | | Si oui, lequel | |  | | | | | | | | | | |
| Organisme prenant en charge les frais de transport | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Organisme prenant en charge les frais de séjour | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| Fait à | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | le | |  | | | | |
| Signature du demandeur | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Absences de l’année en cours | | | | | | | | | | | | | | | | | | | | | | | Visa (obligatoire) du Directeur de l’unité de recherche | | | | | | | | | | | | | |
| Du | | |  | | | | au |  | | | | | | |  | | | | | | | | ☐ Favorable ☐ Défavorable | | | | | | | | | | | | | |
| Du | | |  | | | | au |  | | | | | | |  | | | | | | | | Fait à , le | | | | | | | | | | | | | |
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| Cumul du nombre de jours des autorisations accordées | | | | | | | | | | | | | | | | | | | | | | | ☐ Favorable ☐ Défavorable | | | | | | | | | | | | | |
| pour l’année en cours (y compris la présente demande) : | | | | | | | | | | | | | | | | | | | | | | | Fait à , le | | | | | | | | | | | | | |
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| **PARTIE RESERVÉE A LA PRÉSIDENCE DE L’UNIVERSITÉ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Autorisation accordée | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ☐ Autorisation refusée | | | | | | | | | | ☐ La demande n’est pas parvenue en temps utile à l’Université (délai minimum de 2 semaines). | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | ☐ Les autorisations d’absence déjà accordées depuis le début de l’année universitaire et cumulées avec celle qui fait l’objet de la présente demande dépassent la durée maximum de six semaines par année universitaire. | | | | | | | | | | | | | | | | | | | | | | | | | | |

Besançon, le Le président de l’Université Marie et Louis Pasteur

Hugues DAUSSY