

# Academic Affairs

## Leave Request Form

12-Month Employees

Your Full Name  UCA ID #

Department

Start Date of Leave  End Date of Leave

Total leave hours used during this period

### Purpose of Leave

Vacation       Sick Leave       Comp Time       Children's Education (8 Hrs Max per Year)

Funeral Leave (Relationship)

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Signature of Supervisor Date

\_\_\_\_\_  
Signature of Dean, Assoc Provost, or Provost/VP Date

#### PLEASE NOTE:

**All 12-month employees (administrators, non-classified staff, and classified staff) must complete this form for each type of leave. A copy of the completed form must be retained by the Dean or the Office of the Provost; leave requests and leave taken are subject to audit.**