

**UCA ACADEMIC AFFAIRS**  
**Leave Request Form: 12-Month Employees**

**Employee**

Employee's name  UCA ID #

Department

**Leave Details**

Leave Dates		Hours Used	Type of Leave *					
Start date	End date		VL	SL	CT	CE	FL	FM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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\* Type of Leave: VL = Vacation, SL = Sick Leave, CT = Comp Time, CE = Children's Education (eight hours maximum per year), FL = Family Medical Leave, FM = Family Medical Leave Maternity. Indicate only one type of leave for each entry.

Additional explanation if needed:

**Signatures**

SIGNATURE OF EMPLOYEE	DATE
SIGNATURE OF SUPERVISOR	DATE
SIGNATURE OF DEAN/ASSOCIATE PROVOST/PROVOST	DATE

All 12-month employees (administrators, non-classified staff, classified staff, 12-month faculty) must complete this form for each type of leave. Leave requests and leave reports are subject to audit; a copy of the completed form must be retained by the department head, dean, or provost, depending on the employee's reporting level.