UNIVERSITY OF CENTRAL ARKANSAS

LEAVE REQUEST

I desire to be absent from work for the period: _____
Time

on the date(s): _____

The purpose of my absence is:

__Sick Leave __Self ___ Other_____ Specify ___ FMLA	___Illness ___Doctor Visit ___Dentist ___Other _____ ___Funeral Leave: _____ Relationship
___Annual Leave ___Children's Education Leave ___Comp Time ___Jury Duty ___Military Leave	

Total Hours _____ _____
Employee Signature and date

Approved: _____
Supervisor Signature and date

Complete this form for each type of leave. **HR 05/31/17**

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