University of Central Arkansas Leave Request Form

Your Full Name		UCA ID#	
Department			
Start Date of Leave		End Date of Leave	
	Total leave hours used during t	his period	
		ose of Leave	
☐ Vacation (Annual Leave)	☐ Comp Time ☐ Jury Duty	☐ Military Leave ☐ Children's E (8 Hour Ma	ducation ax per Year)
☐ Sick Leave −	Other (Specify)	Funeral Leave (Relationship)	
Your Signature	Date	Signature of Supervisor Date	
	· · · · · · · · · · · · · · · · · · ·	Central Arkansas Request Form	
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Your Signature	Date	Signature of Supervisor	Date

PLEASE NOTE: