

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"/>
<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"/>

\* Type of Leave: VL = Vacation, SL = Sick Leave, CT = Compensatory Time, CE = Career Leave, FL = Family Leave, FM = Family Medical Leave. (Note: The original text contains some garbled characters and numbers that have been cleaned up for readability.)

Signatures

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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.