

**UNIVERSITY OF ARKANSAS
LEAVE REQUEST FORM
LEAVE REPORT FORM FOR EXEMPT EMPLOYEES**

Name:
Month:

Employee:
Year:

# of Hours Requested	Date(s) of Leave Requested	Supervisor Approved	Leave Actually Taken (By day & hour)
	Vacation Leave With Pay		
	Sick Leave With Pay		
	(A) Self		
	(B) Family		
	(C) Funeral		
	Other Leave		
	Leave Without Pay		

Employee Signature

Date

Supervisor Signature

Date

To request leave to be used, complete and submit to your supervisor at least seven days prior to the date leave is to begin. To report leave used (EXEMPT EMPLOYEES ONLY), complete and submit to your supervisor by the first of the month following the leave usage. Non-exempt employees report hours worked and leave on a calendar-style form.

Date posted to BASIS Leave _____ By _____