

Southern Arkansas University Tech
Administrative / Faculty
Monthly Request for Leave / Report of Leave Log

With the exception of sick leave, the leave must be approved before the leave commences. A Certification of Illness Form may be required to provide medical proof of absences. This form must be submitted to the Human Resources Office to report leave.

I, _____, _____ request approval of leave
 Name in full (Type or Print) Position Title

Month: _____

Date	Time		Type of Leave/Number of Hours						
	Start	End	Vacation	Sick	Military	Jury or Witness Duty	Leave Without Pay	Other	
									Explanation of "Other" and/or general comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Totals									

Signature of Employee Date

Signature of Supervisor Date

Signature of Chancellor Date

The employee's signature above certifies that there is enough leave accrued to cover the request.
 NOTE: Any leave without pay/military leave must be approved by the Chancellor.