

**DIVISION OF AGRICULTURE  
ARKANSAS AGRICULTURAL EXPERIMENT STATION  
LEAVE REQUEST FORM**

(When possible, submit only one form per month)

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Department or Unit: \_\_\_\_\_

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**LEAVE REQUEST**

Total number of hours this request:

\_\_\_\_\_ Vacation / \_\_\_\_\_ Sick / \_\_\_\_\_ Other (designate leave type \_\_\_\_\_)

Date(s) Requested:

From: \_\_\_\_\_ To: \_\_\_\_\_ **OR** All Day(s) \_\_\_\_\_ Leave Type \_\_\_\_\_  
*Time Date Time Date*

From: \_\_\_\_\_ To: \_\_\_\_\_ **OR** All Day(s) \_\_\_\_\_ Leave Type \_\_\_\_\_  
*Time Date Time Date*

From: \_\_\_\_\_ To: \_\_\_\_\_ **OR** All Day(s) \_\_\_\_\_ Leave Type \_\_\_\_\_  
*Time Date Time Date*

From: \_\_\_\_\_ To: \_\_\_\_\_ **OR** All Day(s) \_\_\_\_\_ Leave Type \_\_\_\_\_  
*Time Date Time Date*

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\_\_\_\_\_  
*Signature of employee requesting leave*

\_\_\_\_\_  
*Date*

Approved by: \_\_\_\_\_  
*Supervisor*

\_\_\_\_\_  
*Date*

Approved by: \_\_\_\_\_  
*Unit Head*

\_\_\_\_\_  
*Date*