

**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: _____

Will you be absent from any courses that you are scheduled to teach during the time you have requested to be off?

Yes _____ complete the report of absence by instructor form on the second page

No _____ complete this leave request form only.

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

Signature of employee requesting leave

Date

Approved by: _____
Supervisor

Date

Approved by: _____
Unit Head

Date

COLLEGE OF ENGINEERING
REPORT OF ABSENCE BY INSTRUCTOR FROM SCHEDULED TEACHING

Department of: Biological and Agricultural Engineering

Any absence by an instructor from scheduled teaching is to be reported on this form to the department Chair one week prior to absence in the case of a scheduled absence, and within one week after an unscheduled absence.

Name: _____

The above named instructor was unable to meet the following class(es) or laboratory(ies):

Course Number/Section	Scheduled Time/Date	Indicate who substituted for instructor or if class was cancelled

The instructor was unable to meet the above class(es) or laboratory(ies) because:

How was (will the) scheduled instruction (be) made up?

Signature of Instructor
(or Chair if Instructor is unavailable)

Date form received in Department: _____