

**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: _____

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