

DIVISION OF AGRICULTURE
ARKANSAS AGRICULTURAL EXPERIMENT STATION

LEAVE REQUEST FORM
(When possible, submit only one form per month)

Date Prepared _____

Employee Requesting Leave: _____
(Type or Print Name) (SSN or Employee ID #)

Department or Unit: _____

LEAVE

Number of Hours This Request _____

Date(s) Requested:

<u>From</u>	_____	<u>To</u>	_____
	<i>Time Date</i>		<i>Time Date</i>
<u>From</u>	_____	<u>To</u>	_____
	<i>Time Date</i>		<i>Time Date</i>
<u>From</u>	_____	<u>To</u>	_____
	<i>Time Date</i>		<i>Time Date</i>
<u>From</u>	_____	<u>To</u>	_____
	<i>Time Date</i>		<i>Time Date</i>

(Signature of Person Requesting Leave) Date

Approved By: _____
Supervisor Date

Approved By: _____
Unit Head Date