

Request for Leave or Report of Absence



THE UNIVERSITY OF ARIZONA
College of Nursing

Your Name		
Select Position Type	<input type="checkbox"/> Fiscal Year Faculty <input type="checkbox"/> Academic Year Faculty <input type="checkbox"/> Staff	
Supervisor Name		
Your Emergency #		
Type of Leave:	<input type="checkbox"/> Vacation <input type="checkbox"/> Sick Leave - Employee <input type="checkbox"/> Sick Leave - Family <input type="checkbox"/> Family & Medical Leave	<input type="checkbox"/> Bereavement <input type="checkbox"/> Jury Duty <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Other:
Dates:	Furlough Days / Personal Flexible Time	
Total Hours		
Coverage of Assignments: Explain how your responsibilities will be covered while you are out.		
Employee Signature		Date:
Supervisor Signature*		Date:

**Authorizes the release time and the plan for coverage of assignments*

Employee is responsible for entering the approved time into their timesheet in [UAccess](#).