

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"/> Bereavement	Furlough Days / Personal Flexible Time
	<input type="checkbox"/> Sick Leave - Employee	<input type="checkbox"/> Jury Duty	
	<input type="checkbox"/> Sick Leave - Family	<input type="checkbox"/> Unpaid Leave	
	<input type="checkbox"/> Family & Medical Leave	<input type="checkbox"/> Other:	
Dates:			
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*

After signatures, employee forwards to the Human Resources Coordinator in the Business Office. Employee is responsible for entering the approved time into their timesheet in [UAccess](#).