

ARKANSAS STATE UNIVERSITY-NEWPORT

LEAVE REQUEST FORM

Last Name: _____ First Name: _____ Date: _____

CHECK ONLY **ONE**:

- VACATION
- SICK
- MILITARY
- JURY / WITNESS
- LWOP*
- COMP TIME
- PROFESSIONAL
- CHILDREN'S EDUCATIONAL ACTIVITY

COMMENCE: Time _____ : _____ M. Date: ____ / ____ / _____
CONCLUDE: Time _____ : _____ M. Date: ____ / ____ / _____
TOTAL HRS: _____

DEPARTMENT: _____

Employee Signature

Division Chair's/Director's Signature

Chancellor's/Vice-Chancellor's Signature

HOW CLASSES WILL BE COVERED: _____

*REASON: _____

This leave is subject to the Family Medical Leave Act (FMLA). All required forms have been submitted to HR. (FMLA issued in conjunction with Sick, Vacation or LWOP).

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