UNIVERSITY OF ARKANSAS
LEAVE REPORT FORM FOR FACULTY

Employee Name : Employee ID:

Month: Year:

Date(s) Leave Taken (List in order of date taken)	Number of Hours Taken	Leave Category (use list below)

Category	Total Number of Hours Taken by Category
V-Vacation	
S-Sick (Self)	
F-Family Sick	
QS-FMLA Self	
QF-FMLA (Family)	
G-Funeral	
MS-Parental Sick Leave	
MV-Parental Vacation Leave	
ML-Parental Leave Without Pay	
EA-Children's Educational Activities	
C-Catastrophic Leave	
Other	

I certify that this is a true statement of the leave taken by this employee for the time period indicated on this timesheet and that it is an auditable document to be retained in the department.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Posted to BASIS by: _____ Date: _____