Print Form

UNIVERSITY OF ARKANSAS
LEAVE REPORT FORM FOR EXEMPT EMPLOYEES

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	

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Posted to BASIS by: _____ **Date:** _____