

**UNIVERSITY OF ARKANSAS
LEAVE REPORT FORM FOR 7th Qu**

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: _____