

The University of Tennessee at Chattanooga

College of Arts & Sciences

Request for Annual Leave



Approval is requested for _____ hours days of annual leave,
beginning at _____ a.m. p.m. on _____ and
ending at _____ a.m. p.m. on _____.

While on leave I may be contacted at: _____
(Phone Number)

In my absence, all concerns should be directed to:

(Name & Phone Number)

This request does not exceed the leave to which I am entitled under the regulations of the University of Tennessee.

Signature

APPROVED: _____