

**The University of Tennessee at
Chattanooga
College of Arts and Sciences
Leave Request Form**

Approval is requested for:

- Annual Leave:** I am requesting _____ (days or hours) annual leave beginning on _____ at _____ and ending on _____ at _____.
- (day/date) (time am/pm) (day/date) (time am/pm)
- Sick Leave:** I am requesting approval for _____ (days or hours) sick leave used beginning on _____ at _____ and ending on _____ at _____.
- (day/date) (time am/pm) (day/date) (time am/pm)
- Banked Compensatory Hours*:** I have _____ hours accrued, and I want to use _____ hours beginning on _____ at _____ and ending on _____ at _____.
- (day/date) (time am/pm) (day/date) (time am/pm)
- Other (Please explain):** _____
- _____

While on leave I may be contacted at _____.

In my absence, all concerns should be addressed to _____.

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

Signature of Person Requesting Leave

Date

Signature of Person Approving Request

Date

_____ Posted