

UF Department of Psychiatry

Faculty Leave & Coverage Request

Today's Date: _____

Date/Time of Absence:

Employee's UFID: _____

Start Date: _____ Start Time: _____

Employee's Name: _____

End Date: _____ End Time: _____

FMLA Qualifying Event? Yes No

Total Hours Absent: _____ (Please Round to quarter increments: .25, .50, .75 as appropriate)

Type of Leave:

- Vacation
- Sick (Employee)
- Sick (Family)
- Conference or Study Section
- Other: _____

Personal Leave Days (TEAMS and Academic Personnel):

- Used December 26- 31 (non-essential personnel)
- Used December 2-June 30 (essential personnel only)

Hours This Event: _____ Remaining Hours: _____

Type of FMLA Event (If Applicable):

- Parental Leave
- Medical Leave
- Military, long term

Leave Without Pay*:

- Authorized
- Unauthorized

*I am requesting leave without pay for the following reason(s): _____

Faculty Clinical Coverage:

Administrative _____ Initial

Patient _____ Initial

Chief of Service _____ Initial

Clinic* _____ Initial

Note Clinic cancellation must be approved & requires 30 days prior notice

Employee Signature: _____ Date: _____

Approved: _____ Date: _____

Division Chief or Chair