

**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: \_\_\_\_\_

Total Hours Absent: \_\_\_\_\_ (Please round to quarter increments: .25, .50, .75 as appropriate)

**Type of Leave:**

- Vacation
- Sick
- Conference or Study Section:  
\_\_\_\_\_

**December Personal Leave Days:**

- Used December 27-30 (non-essential personnel)
- Used December 2 – June 30 (essential personnel only)

Hours This Event: \_\_\_\_\_ Remaining Hours: \_\_\_\_\_

Other: \_\_\_\_\_

**Type of FMLA Event (If Applicable):**

- FMLA Vacation
- FMLA Sick
- FLMA Leave without Pay
- Paid Parental Leave
- Paid Family 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 Clinical Cancellation must be approved & requires 45 days prior notice\*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor