

**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:

December Personal Leave Days:

Vacation

Used December 2020 (non-essential personnel)

Sick

Used December 2020 - June 30 (essential personnel only)

Conference or Study Section:

Hours This Event: _____ Remaining Hours: _____

Other: _____

Type of FMLA Event (If Applicable):

Leave Without Pay*:

FMLA Vacation

Authorized

Unauthorized

FMLA Sick

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

FLMA Leave without Pay

Paid Parental Leave

Paid Family Leave

Military, long term

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