

Notification of Intention to Take Extended Sick Leave

Leave policies for academic and other non-classified personnel are authorized by University of Arkansas Board of Trustees policy 420.1.

A faculty or non-classified staff member who anticipates or experiences the need for extended sick leave (more than ten working days taken consecutively) is requested to provide, as soon as possible, written notice of the dates on which leave will be taken. A form to be completed for this purpose is attached. The completed form should be submitted to the department chairperson or director so that duties and responsibilities of the faculty or staff member can be reassigned.

See attached Notification of Intention to Take Extended Sick Leave.

Notification of Intention to Take Extended Sick Leave

TO: Department Chairperson

FROM: Name: _____

Rank or Title: _____

Department: _____

I hereby notify you that I will be taking extended sick leave from the University as follows:

Anticipated start date: _____ Anticipated end date: _____

State the reason or purpose for which the leave is being taken.

Signature: _____

_____ Date

Signature of Department Head

_____ Date