# APK INTERN APPLICATION FOR LEAVE

Name of Intern:_____ Date of request: _____

Site Supervisor: _____Site:_____

Date(s)/Time(s) of Absence:

Beginning: Date _____ Time _____

Ending: Date _____ Time _____

Total Hours Absent: _____ (round to quarter-hour increments: .25, .50, .75, as appropriate)

Type of Leave: ☐ Personal ☐ Sick

REASON FOR REQUEST (include medical documentation when appropriate):

PLAN FOR MAKING UP HOURS:

Student signature: _____ Date: _____

Site Supervisor signature: _____ Date: _____

Intern Coordinator signature: _____ Date: _____

*Please submit any additional, relevant information with this form and send it via email to blaincharrison@ufl.edu*

*Updated 07/21/16*