UF | UNIVERSITY *of* FLORIDA

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