



Print Form

# LEAVE OF ABSENCE REQUEST FORM

Name Lucja Rice CFK ID # 900065190 Department 126018 Date Aug 21, 2025

Leave Dates From : Dec 6, 2025 4:00AM To : Dec 13, 2025 8:00:00 PM Total Hours\* 37.5  
Date Time Date Time Omit Non-Work Days

Type of Leave Temporary Duty Elsewhere

## DUTY ELSEWHERE ONLY

Estimated Expenses \$3,737.33

Organizational Code 480110 GL Account # 60503

Estimated Expenses  YES  NO

Travel Expenses Approval Requested  YES  NO

Car Rental Approval Requested  In State  Out of State

Purpose and Location of Duty Elsewhere Staff and Professional Development underwater photography workshop in Little Cayr

Copy of Approved Leave Form Must Be Attached to Expense Report When Submitted

I certify that the above information is true and correct, and recognize that the submission of false information may be grounds for dismissal.

**Lucja Rice** Digitally signed by Lucja Rice  
Date: 2025.09.05 13:10:55 -04'00'

Employee's Signature

Sep 5, 2025

Date

**Jack Seubert** Digitally signed by Jack Seubert  
Date: 2025.10.06 09:56:25 -04'00'

Supervisor's Signature

Date

\* Consecutive leave hours in excess of 37.5 require approval from the appropriate Vice President.

\*Vice President (if required)