

## Faculty TDL/FML Approval

Leave Type:	Family Medical	Temporary Disability
	Emergency FML (COVID-19)	Emergency TDL (COVID-19)
Faculty Member	r's Name	
Department		
Beginning date	of leave	
Ending date of le	eave	
be covered by o	ir's optional comments regarding this the faculty members during this time by by keeping your comments in line	e. Please protect your faculty
Department cha	ir's signature	
	ir's signature	
	Send HR Request for Family and Me egan.lucy@uky.edu) attached to ema oval.	
Dean's Approva	ll and signature	
Provost's Appro	val and Signature	