Clear this form

The University of Georgia

Leave Request

(Inter-office)

Employee ID Number

Date prepared

Name

Account number from which employee will be paid

Department or organizational unit

Pay type: ☐ Academic ☐ Monthly ☐ Salaried ☐ Hourly

Annual leave

Number of hours this request _____

Dates & times to be absent:

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Other leave

Number of hours this request _____

Type of leave requested:

☐ Sick ☐ Holiday

☐ Other (Miscellaneous, military, voting, court duty, inclement weather)

Remarks _____

Dates & times to be absent:

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

An employee who is eligible and receives approval from unit management for leave under the Family and Medical Leave Act (FMLA) must first exhaust all accumulated leave (sick and annual) before being placed in a leave without pay status.

Is the leave requested on this form in response to the FMLA requirement? ☐ Yes ☐ No

_____ _____

Signature of person requesting leave — Date

Approved by _____ _____

Signature and title — Date

Approved by _____ _____

Signature and title — Date

April 16, 2004

http://www.busfin.uga.edu/forms/