



UNIVERSITY OF GEORGIA

Leave Request (Intra-office)

Date prepared _____

Name _____ Account # from which employee will be paid _____ Department or organizational unit _____

Pay type: Academic Monthly Salaried

Annual leave

Number of hours this request _____

Dates & times to be absent: Date(s) _____ Times _____
Date(s) _____ Times _____
Date(s) _____ Times _____
Date(s) _____ Times _____

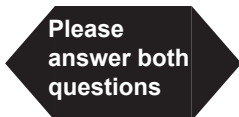
Sick leave

Number of hours this request _____

Dates & times to be absent: Date(s) _____ Times _____
Date(s) _____ Times _____
Date(s) _____ Times _____
Date(s) _____ Times _____

The leave requested on this form also applies to a new or current Family & Medical Leave Act (FMLA) covered event.

Yes
 No



The leave requested on this form also applies to a Shared Leave covered event.

Yes
 No

Other leave

Not charged to sick or annual leave.

Number of hours this request _____

Type of leave requested:

- Holiday* Date(s) _____ Times _____
 - Military Date(s) _____ Times _____
 - Educational support Date(s) _____ Times _____
 - Jury/witness duty Date(s) _____ Times _____
 - Voting Date(s) _____ Times _____
 - Organ/bone marrow donation
 - Inclement weather
 - Employment, Selective Service, and military physical examinations
- *Holiday:** Employee worked one or more UGA-scheduled holidays; time off granted to match the number of days or the number of holiday hours worked.
of holiday hours worked and made good to employee _____

Signature of person requesting leave _____

Date _____

I attest that the hours I am requesting are accurate based on the time I will be/was absent from work. I understand that that if I intentionally misrepresent/falsify time taken on this request, I may face disciplinary action, up to and including termination.

I understand the time during which I am using paid leave will run concurrently with any Family & Medical and Leave Act (FMLA) leave to which I am entitled, and I may read more about my FMLA rights at <http://www.hr.uga.edu/family-medical-leave-act-fmla>

Approved by _____

Signature and title _____

Date _____

I understand that under certain circumstances, the Family and Medical Leave Act (FMLA) provides job protection during periods of paid or unpaid leave. If applicable, I will take the appropriate steps to initiate the FMLA job protection process as per information at <http://www.hr.uga.edu/family-medical-leave-act-fmla>