Clear this form

The 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

Other leave

Not charged to sick or annual leave.

Number of hours this request _____

Type of leave requested:

- ☐ Holiday*
- ☐ Military
- ☐ Educational support
- ☐ Jury/witness duty
- ☐ Voting
- ☐ Organ/bone marrow donation
- ☐ Inclement weather
- ☐ Employment, Selective Service, and military physical examinations

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

Date(s) _____ Times _____

***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