



The University of Georgia
Leave Request
(Intra-office)

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 _____

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

Yes

No

Signature of person requesting leave

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>

Approved by _____

Signature and title

Date