



The University of Georgia

Leave Request

(Inter-office)

Employee ID Number (last 4 digits)

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

Other leave

Number of hours this request

Type of leave requested: Sick Holiday Other

Remarks

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

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

Signature of person requesting leave

Date

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...

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.

Approved by Signature and title

Date