



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\* Date(s) \_\_\_\_\_ Times \_\_\_\_\_  
 Military Date(s) \_\_\_\_\_ Times \_\_\_\_\_  
 Educational support Date(s) \_\_\_\_\_ Times \_\_\_\_\_  
 Court 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signature and title

*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>*