Leave Request
(Intra-office)

Name

Pay type:
☐ Academic ☐ Salaried
☐ Monthly ☐ Hourly

Department

Type of leave requested:
☐ Annual ☐ Sick ☐ Holiday* ☐ Military ☐ Compensatory Time
☐ Voting ☐ Donor ☐ Jury Duty ☐ Educational ☐ Other (eg – weather, physical, misc)

*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.

Number of holiday hours worked and made good to employee

Remarks:

Dates and times to be absent:

Number of hours requested ________________

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

The leave requested on this form also applies to a Shared Leave covered event.
☐ Yes ☐ No

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 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

Signature of Approver __________________ 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

Revised December 2017