



Georgia's Public Liberal Arts University

# Annual & Sick Leave Request Form

**This form must be submitted before taking leave.**

This form should be used to request scheduled annual or sick leave. Requests for annual leave should be submitted to your supervisor at least two (2) weeks prior to the annual/vacation leave. When accident or illness prevents filing a request before using leave, submit this form immediately upon return to work. This form is for department use only.

_____	_____	_____
NAME	EMPLOYEE ID#	DEPARTMENT

I am requesting paid leave as follows:

Annual/Vacation Leave      Total Days: \_\_\_\_\_      Total Hours: \_\_\_\_\_  
Date(s): \_\_\_\_\_

Sick Leave:      Please select one of the following:

- Doctor Appointment
- Illness
- Injury
- Bereavement

Total Days: \_\_\_\_\_      Total Hours: \_\_\_\_\_  
Date(s): \_\_\_\_\_

Jury Duty      (Provide copy of notice to the supervisor.)

Military Leave      (Provide copy of military order to the supervisor.)

Please grant this leave request as a result of the following circumstances. **(Provide appropriate & adequate details.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

**NOTE: \*Per Board of Regents Policy Section 802.0802, a Doctor's certificate is required for Sick Leave use after 5 consecutive days if the supervisor requests special documentation. Time taken as Sick Leave (or Paid or Unpaid Leave of Absence) may be credited against Family Medical Leave Act eligibility.**

### SUPERVISOR'S APPROVAL

Leave request is:       Approved       Not Approved (please explain)

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_