Retain this form in the department as a record of leave requested.

VALDOSTA STATE UNIVERSITY LEAVE REQUEST FORM

This form must be submitted and approved by your supervisor before taking leave.

Sick Leave Exception: When accident or illness prevents filing a request before using leave, submit this form immediately upon return to work.

Today's Date	**Date & Time of Absence**
Employee's Name	**Beginning:** Date Time
Department/Section	**Ending:** Date Time
Circle One: Academic Monthly Hourly	**Total Hours Absent**

Indicate "Type of Leave" requested. More than one type of leave may be entered on the application if used during the same period of absence (e.g. 6 hours of annual and 2 hours of sick leave).

PLEASE CHECK THE TYPE OF LEAVE YOU ARE REQUESTING:

Type of Leave	Time Used	Type of Leave	Time Used
*Annual		Military leave with pay (attach documentation and send documents to HR)	
*Sick		Military leave without pay (attach documentation and send documents to HR)	
Workplace Injury Leave (first 40 hours of work related injury)		Selective Service & Military Physical Exams (attach documentation and send documents to HR)	
Holiday Pay (nonexempt employees only for hours worked on scheduled holiday per policy)		Extraordinary Circumstances (must be authorized by HR & Emp Dev as delegated by the President)	
Court Duty (Jury duty/court witness)		Educational leave without pay (approved by President)	
Voting		Organ and Marrow Donation (requires documentation and send documents to HR)	
Personal Leave without Pay (attach explanation for request and send documents to HR)		Blood Donation	

*Family Medical Leave Act (FMLA) – Qualifying Event? Yes____ No_____ FMLA leave runs concurrent with Sick & Annual leave. If using FMLA leave, ensure appropriate forms have been sent to Human Resources and Employee Development prior to designating as FMLA leave.

I certify that my absence is for the reason stated above; and if applicable, I understand that my absence will count toward my 12 workweeks of FMLA entitlement if the absence is for a qualifying event.

_____ _____

Employee Signature Date Appropriate Supervisor's Signature/Title Date