**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