



VACATION—SICK LEAVE REQUEST FORM

This form must be submitted 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.

PLEASE TYPE OR PRINT

Name _____	Employee ID# (PeopleSoft) _____	Work Unit/Department _____
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I request that I be granted **PAID VACATION OR SICK LEAVE** as follows:

Vacation Leave **(No documentation required.** Simply write in: "Vacation" or "Day Off" in space below.)

Sick Leave **(No documentation is required for the first 5 consecutive days*, unless the manager requests special documentation.**
 For routine use, simply write in: "Doctor Appointment" or "Illness" or "Injury" or "Bereavement" in space below.)

NOTE: *Per Board of Regents Policy, a Doctor's certificate is required for Sick Leave use after 5 consecutive days. Contact GTHR regarding possible FMLA application.

[NOTE: Time taken as Sick Leave (or Paid or Unpaid Leave of Absence) may be credited against Family Medical Leave Act eligibility.]

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

Give specific times for each type of leave requested and attach appropriate documentation as noted above.

Type of Leave Requested	Beginning Date	and	Time	Ending Date	and	Time
Type of Leave Requested	Beginning Date	and	Time	Ending Date	and	Time
Type of Leave Requested	Beginning Date	and	Time	Ending Date	and	Time
Type of Leave Requested	Beginning Date	and	Time	Ending Date	and	Time

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____ Approved Disapproved
 If approval is NOT recommended, attach explanation.

Dean, Department Head, AVP or President _____ Date _____ Approved Disapproved
 (If Required) If approval is NOT recommended, attach explanation.