Request to Schedule

Emory University

REQUEST FOR LEAVE
NON-EXEMPT STAFF (BI-WEEKLY PAID)

This form should be completed by non-exempt employees who request leave or in special circumstances to approve leave that has been taken. This form should be submitted to the immediate supervisor as far in advance as possible. The request should be kept with the employee's leave records in the department or school.

The supervisor should notify the employee when leave is approved or not approved. If not approved, the reason for the non-approval should be stated on the form.

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>DEPARTMENT</th>
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TYPE OF LEAVE REQUESTED:

( ) VACATION LEAVE:
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) SICK LEAVE:
( ) Personal
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______
( ) Immediate Family Member
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) JURY DUTY LEAVE: (A copy of court summons or subpoena must be attached to this form.)
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) FUNERAL LEAVE:
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) FLOATING HOLIDAY(S):
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) ACCRUED HOLIDAY:
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) LEAVE WITHOUT PAY:
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

Reason for Leave:

( ) TELECOMMUTE/TELENET (REG TIME)
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

( ) LEAVE OF ABSENCE: (Educational, Non-job related disability, Personal, Military Leave for Enlistment in the Armed Forces of the United States) Military? □ (Attach a copy of military orders)
Leave to begin: Date ______  Time ______ Return to work: Date ______  Time ______ Hour(s) ______

Reason for Leave:

Address while away: ____________________________________________________________

Signed by Employee: __________________________  Date: __________________________

( ) Approved
( ) Disapproved (Reason) ______________________________________________________

Authorized Signature: __________________________  Date: __________________________

Human Resources Division
Form 901 (8/8/94/JAM)