Emory University
REQUEST FOR LEAVE
EXEMPT STAFF (MONTHLY 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.

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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:

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( ) TELECOMMUTE/TELENET (REG TIME)
Date_________ Time_____ Hour(s)____ Date_________ Time_____ Hour(s)____
Date_________ Time_____ Hour(s)____ Date_________ Time_____ Hour(s)____
Date_________ Time_____ Hour(s)____ Date_________ Time_____ Hour(s)____
Date_________ Time_____ Hour(s)____ 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:

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Address while away: ____________________________________________________________
Signed by Employee: _____________________________________ Date: ________________

( ) Approved
( ) Disapproved (Reason) ______________________________________________________
Authorized Signature: _____________________________________ Date: ________________

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