

Request to Schedule

Unscheduled Partial Day

Called In

**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.

NAME OF EMPLOYEE	DEPARTMENT
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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)

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) _____
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: _____

Address while away: _____

Signed by Employee: _____ **Date:** _____

() Approved () Disapproved (Reason) _____	Authorized Signature: _____ Date: _____
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