



OGLETHORPE
UNIVERSITY

Leave Request

Please complete this form for any leave request. Refer to the employee handbook for further details. This form should be submitted to the supervisor as far in advance as possible. Then forward the approved request to Department of Human Resources (2nd floor Lupton Hall). By signing and submitting this form the employee confirms that they are aware of the leave policy and have a knowledge of the total time taken.

EMPLOYEE INFORMATION

Date:

Name:

Title:

LEAVE REQUEST

Date(s) requested:

Total # of Hours:

Leave:

- ☐ Vacation
- ☐ Sick
- ☐ Military or Active Guard
- ☐ Jury Duty
- ☐ Bereavement
- ☐ Civic Engagement - (1 Day Available Each Year)
- ☐ FMLA - (FMLA documentation required)
- ☐ Leave Without Pay
- ☐ Other (please specify)

Comments:

APPROVAL

Employee's Signature:

Supervisor's Signature:

Date:

Disapproval Comments:

OTHER TYPES OF LEAVE

- ☐ Health condition that may require periodic, repeated or extended absences
- ☐ Parental and/or Maternity Leave
- ☐ Disability or to care for a sick family member

These types of Leave may require the completion of the Leave of Absence Request Form. To obtain this form, please contact Human Resources (2nd floor Lupton) or the Petrelnet under the Human Resources tab.