



BOARD OF REGENTS OF
THE UNIVERSITY SYSTEM OF GEORGIA

UNIVERSITY SYSTEM OF GEORGIA
NON-FMLA LEAVE OF ABSENCE REQUEST

Employee Name: _____ Employee ID: _____

Supervisor Name: _____

Leave Begin Date: _____ Estimated Return to Work Date: _____

Institution: _____

I am requesting a Leave of Absence for the following reason:

- Medical Leave (Non-FMLA eligible) - must provide information from attending physician
- Personal Leave - must provide written statement or documentation
- Military Leave – must provide Military Orders
- Court/Jury Duty

Please refer to the University System of Georgia's leave of absence policy for additional information.

Employee Statement:

I understand that I may use any accrued sick or annual leave to remain in paid status in accordance with leave usage policies. Once leave is exhausted, I understand that I will be placed in an unpaid leave status.

I understand that while I am on an unpaid leave of absence, I will be billed for my portion of my group insurance benefits on an after-tax basis at the current employee contribution rates. If payments are not made timely, my coverage will be cancelled.

I also understand that it is my responsibility to stay in close contact with Human Resources and my supervisor concerning my return to work date. Failure to return to work on my designated date, without supporting documentation, may be treated as a resignation.

Signature Date

Supervisor Signature: _____ Date: _____

Human Resources: _____ Date: _____

Leave Request has been: Approved Denied

Signature of Director of HR: _____