



The University of Georgia

Classified employee
Leave without pay form*

Choose one:
New leave
Extension of leave

Name [First] [MI] [Last] Employee ID number [] [] [] [] [] [] [] [] [] []

Department _____ Job title _____

I request to be placed on leave without pay for the period from _____ to _____ (inclusive dates)

My selection below and UGA policy will determine whether or not I must first exhaust all sick and/or annual leave prior to going on leave-without-pay status, and whether the University will continue its contributions to my benefits programs.

I wish to be on: Sick leave, Personal leave, Military leave, Educational/Professional leave

Family & Medical Leave Act (FMLA) provisions
If I am eligible, my situation may entitle me to job protection coverage under the FMLA. The time during which I am on leave without pay will run concurrently with (at the same time as) any FMLA leave to which I am entitled.

Reasons for leave without pay: []

Signature of person requesting leave _____ Date _____
By my signature, I agree I have been informed of and understand any FMLA rights I may have.

Unit approval

No promise of reemployment is required during or at the conclusion of sick leave without pay status (exception: if the employee is eligible for Family & Medical Leave (FMLA) leave, he/she must be placed in a position of like status and pay when he/she returns to work after applicable FMLA leave).

This request is FMLA-covered leave.
This request is not FMLA-covered leave.

Department head or supervisor _____ Date _____
Dean or director _____ Date _____

After signing, submit this form to Employee Benefits, Human Resources Building, 215 S. Jackson St., Athens, GA 30602

Human Resources

- Approval of leave without pay is based on certification by the school, college, division, or department in which the employee will be reemployed at the end of the period of leave without pay.
The department should submit a personnel report for record-keeping purposes, stating this employee is on leave without pay and indicating the period of leave approved.

Employee Benefits _____ Date _____

* Any classified employee who will be in a leave without pay status for ten or more consecutive working days must be granted official University approval for such leave without pay. Leave without pay for less than ten working days may be granted at the discretion of the individual unit.

BENEFITS USE ONLY

Distribution: Employee Personnel file Benefits manager Home department Employee Records