

Georgia Institute of Technology  
**VACATION—SICK LEAVE REQUEST FORM**

(OHR Policy Section 2.0)  
<http://www.admin-fin.gatech.edu/human/attendance/020100.html>

**This form must be submitted before taking leave.**

**Sick Leave Exception:**

When accident or illness prevents filing a request before using leave, submit this form immediately upon return to work.

PLEASE TYPE OR PRINT

Name	Employee ID# (PeopleSoft)	Work Unit/Department

I request that I be granted **PAID VACATION OR SICK LEAVE** as follows:

Vacation Leave (No documentation required. Simply write in: "Vacation" or "Day Off" in space below.)

Sick Leave (No documentation is required for the first 5 consecutive days\*, **unless the manager requests special documentation.**  
 For routine use, simply write in: "Doctor Appointment" or "Illness" or "Injury" or "Bereavement" in space below.)

**NOTE: \*Per Board of Regents Policy, a Doctor's certificate is required for Sick Leave use after 5 consecutive days.**

**NOTE: Time taken as Sick Leave (or Paid or Unpaid Leave of Absence) may be credited against Family Medical Leave Act eligibility.**

Please grant this leave request as a result of the following circumstances. (Provide appropriate & adequate details.)

**Give specific times for each type of leave requested and attach appropriate documentation as noted above.**

		and			and	
Type of Leave Requested	Beginning Date		Time	Ending Date		Time
		and			and	
Type of Leave Requested	Beginning Date		Time	Ending Date		Time

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Approved [ ] Disapproved  
 If approval is NOT recommended, attach explanation.

Dean, Department Head, AVP or President \_\_\_\_\_ Date \_\_\_\_\_  
 (If Required)

[ ] Approved [ ] Disapproved  
 If approval is NOT recommended, attach explanation.