



ATHENS STATE UNIVERSITY REQUEST FOR PAID LEAVE

EID: _____	Name: _____
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(Please Print)

TYPE OF LEAVE	DATES REQUESTED	TOTAL HOURS REQUESTED
ANNUAL LEAVE		
SICK LEAVE		
PERSONAL LEAVE		
BEREAVEMENT LEAVE – (COMPLETE BLOCK "A" BELOW)		
COMPENSATORY LEAVE		
JURY DUTY (ATTACH A COPY OF THE SUMMONS)		
MILITARY LEAVE		
OTHER LEAVE – PROFESSIONAL/PROFESSIONAL DEVELOPMENT - (COMPLETE BLOCK "A" BELOW)		
TRAVEL FOR UNIVERSITY BUSINESS – (COMPLETE BLOCK "A" BELOW)		

BLOCK "A" (CIRCLE TYPE OF LEAVE REQUESTED)
IF ADDITIONAL SPACE IS REQUIRED USE THE BACK OF THIS FORM.

I HAVE READ AND UNDERSTAND THE INSTITUTIONAL POLICY WITH REFERENCE TO THE ABOVE REQUESTED LEAVE.

_____ (Signature)

_____ (Date)

SIGNATURE	DATE	APPROVED	DISAPPROVED
SUPERVISOR:			
VICE PRESIDENT:			
PRESIDENT:			