



ATHENS STATE UNIVERSITY REQUEST FOR PAID LEAVE

EID: _____	Name: _____
------------	-------------

(Please Print)

TYPE OF LEAVE	DATES REQUESTED	TOTAL HOURS REQUESTED
ANNUAL LEAVE - (Staff Only)		
SICK LEAVE		
PERSONAL LEAVE - (Staff Only)		
BEREAVEMENT LEAVE - (Complete Additional Details below)		
COMPENSATORY LEAVE -(Staff Only)		
JURY DUTY (ATTACH A COPY OF THE SUMMONS)		
MILITARY LEAVE		
OTHER LEAVE – PROFESSIONAL/PROFESSIONAL DEVELOPMENT - (Complete Additional Details below)		
TRAVEL FOR UNIVERSITY BUSINESS - (Complete Additional Details below)		

For faculty leave requests, course coverage plans must be provided under the Additional Details section below

Additional Details (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/DIVISION HEAD:			
VICE PRESIDENT:			
PRESIDENT:			