ALBANY STATE UNIVERSITY
A Unit of the University System of Georgia
ALBANY, GEORGIA

APPLICATION FOR PERSONAL LEAVE OF ABSENCE

Date:_____, 20____

EMPLOYEE NAME: _____
(Print)

DEPARTMENT: _____
It is requested that Leave of Absence (as indicated below) for _____ hours, from _____ a. m. (◯ / p.m. (◯) through _____ a.m. (◯) / p.m. (◯ be granted to the undersigned, on the following date(s)_____.

Employee Signature: _____

Absence Codes (Please check appropriate code)

1. (◯) Vacation Leave With Pay
2. (◯) Vacation Leave Without Pay
3. (◯) Sick Leave With Pay (Employee or Immediate Family)

Approved sick leave is granted due to an employee's illness and illness or death of an immediate family member. Immediate family is defined to include father (father-in-law), mother (mother-in-law), brother, sister, husband, wife and children (step, adopted or foster).

4. (◯) Sick Leave Without Pay
5. (◯) Vacation Leave With Pay (Worker's Compensation)
6. (◯) Sick Leave With Pay (Worker's Compensation)
7. (◯) Sick Leave Without Pay (Worker's Compensation)
8. (◯) Military Leave With Pay
9. (◯) Military Leave Without Pay
10. (◯) Jury Duty (Attach Summons)
11. (◯) Other (Please Explain)

Administrative Approval

_____ _____
Supervisor Date

DO NOT WRITE IN THIS SPACE (For action of Leave Clerk)

Reason (if denied) _____

_____

Signature:_____ **Date Posted:** _____

Application for Leave of Absence MUST be made for EVERY period of absence from work BEFORE taking any leave, except in case of illness or EMERGENCY.

Please submit in duplicate

Form No. ASUFA 400
Effective Date 01/03/00