Emory University

REQUEST FOR LEAVE
NON-EXEMPT STAFF (BI-WEEKLY PAID)

This form should be completed by non-exempt employees who request leave or in special circumstances to approve leave that has been taken. This form should be submitted to the immediate supervisor as far in advance as possible. The request should be kept with the employee's leave records in the department or school.

The supervisor should notify the employee when leave is approved or not approved. If not approved, the reason for the non-approval should be stated on the form.

<table>
<thead>
<tr>
<th>NAME OF EMPLOYEE</th>
<th>DEPARTMENT</th>
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**TYPE OF LEAVE REQUESTED:**

( ) VACATION LEAVE:
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) SICK LEAVE:
( ) Personal
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______
( ) Immediate Family Member
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) JURY DUTY LEAVE: (A copy of court summons or subpoena must be attached to this form.)
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) FUNERAL LEAVE:
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) FLOATING HOLIDAY(S):
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) ACCRUED HOLIDAY:
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) LEAVE WITHOUT PAY:
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

Reason for Leave:___________________________________________________________________________________________

( ) LEAVE OF ABSENCE FOR MILITARY RESERVE OR NATIONAL GUARD ACTIVE DUTY
A copy of the official military orders should be attached to this form.
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

( ) LEAVE OF ABSENCE: (Educational, Non-job related disability, Personal, Military Leave for Enlistment in the
    Armed Forces of the United States)
Leaves to begin: Date_______ Time_______ Return to work: Date ________ Time ________ Hour(s) ______

Reason for Leave:___________________________________________________________________________________________

Address while away:_________________________________________________________________________________________

Signed by Employee: ___________________________ Date: ______________________

Authorized Signature: ___________________________ Date: ______________________

( ) Approved
( ) Disapproved (Reason)________________________________________________________________________

Human Resources Division
Form 901 (8/8/94/JAM)