

NORTH GEORGIA COLLEGE & STATE UNIVERSITY PERSONAL AND MEDICAL LEAVE REQUEST*

(Prior approval by Department Head required)

_____ 12 Months

_____ 9 Months

NAME (print) _____ SS #: _____

DATE(S) MISSED: _____ HOURS CHARGED: _____

TYPE OF LEAVE: (CHECK ONE)

VACATION: _____ MEDICAL: _____ MILITARY: _____ OTHER: _____

FOR OTHER, PLEASE STATE: _____

INSTRUCTORS PLEASE COMPLETE:

Class(es) Missed: _____

_____ The absence was an emergency, class was not notified initially.

_____ The absence was announced in advance and the following arrangements were made:

1. _____

2. _____

3. _____

4. _____

Employee Signature: _____ Date: _____

Supervisor: _____ Date: _____

Payroll: _____ Date: _____

*For professional travel, use Professional Travel Authorization Form in lieu of this form.