UNIVERSITY SYSTEM OFFICE (USO)
NON-FMLA LEAVE OF ABSENCE REQUEST

Employee Name: ______________________________
Employee ID: ______________________________
Supervisor Name: ______________________________
Leave Begin Date: ______________________________
Estimated Return to Work Date: __________

I am requesting a Leave of Absence for the following reason:

☐ Medical Leave (Non-FMLA eligible) - must provide information from attending physician
☐ Personal Leave - must provide written statement or documentation
☐ Military Leave – must provide Military Orders
☐ Court/Jury Duty

Please refer to the University System of Georgia’s leave of absence policy for additional information.

Employee Statement:

I understand that I may use any accrued sick or annual leave to remain in paid status in accordance with leave usage policies. Once leave is exhausted, I understand that I will be placed in an unpaid leave status.

I understand that while I am on an unpaid leave of absence, I will be billed for my portion of my group insurance benefits on an after-tax basis at the current employee contribution rates. If payments are not made timely, my coverage will be cancelled.

I also understand that it is my responsibility to stay in close contact with Human Resources and my supervisor concerning my return to work date. Failure to return to work on my designated date, without supporting documentation, may be treated as a resignation.

__________________________________________  __________
Signature                                  Date

__________________________________________  __________
Supervisor Signature: Date:

__________________________________________  __________
Human Resources: Date:

Leave Request has been: ☐ Approved  ☐ Denied

Signature of Director of HR: _____________________________

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