

**ATHENS STATE UNIVERSITY
REQUEST FOR PAID LEAVE
(Please print on yellow paper.)**

EID: _____	Name: _____
<small>(Please Print)</small>	

NOTE: ALL LEAVE, EXCEPT SICK LEAVE, MUST BE APPROVED IN ADVANCE.

TYPE OF LEAVE	DATES REQUESTED	TOTAL HOURS REQUESTED
ANNUAL LEAVE		
SICK LEAVE		
PERSONAL LEAVE-(PRIOR APPROVAL OF THE PRESIDENT REQUIRED)		
EMERGENCY LEAVE - (COMPLETE BLOCK "A" BELOW)		
COMPENSATORY LEAVE		
JURY DUTY		
MILITARY LEAVE		
OTHER LEAVE - PROFESSIONAL - (COMPLETE BLOCK "A" BELOW)		

BLOCK "A" (CIRCLE TYPE OF LEAVE REQUESTED)
IF ADDITIONAL SPACE IS REQUIRED USE THE BACK OF THIS FORM.

I HAVE READ AND UNDERSTAND THE INSTITUTIONAL POLICY AS STATED IN THE ASU HANDBOOK WITH REFERENCE TO THE ABOVE REQUESTED LEAVE.

_____ (Signature)

_____ (Date)

SIGNATURE	DATE	APPROVED	DISAPPROVED
SUPERVISOR:			
VICE PRESIDENT:			
PRESIDENT:			