

**MIDDLE GEORGIA COLLEGE
REQUEST FOR ABSENCE**

Name: _____
(please print)

Date: _____

() Annual Leave () Sick Leave () Leave Without Pay/FMLA () Court Duty () Military

FROM: _____ THROUGH: _____

REASON FOR ABSENCE: _____

TOTAL HOURS _____

Annual Leave - Submit within a minimum time period as determined by the policy within the Department/Division.

Sick Leave - For a continuous period (amount of time to be determined by the policy within the Department/Division), a physician's statement is required.

Personal Leave Without Pay for a period of more than twelve weeks must be requested in writing and submitted for approval to the Immediate Supervisor and the Department Head/Division Chair. After approval within the Department/Division, the request is submitted to the President for approval.

Respectfully,

Signature

Approved by Immediate Supervisor

Signature