

**Mercer University School of Medicine
Department Leave Request/Approval Form for Staff**

Leave Request must be submitted to Supervisor 10 working days in advance.

(Leave is not approved until signed by Direct Supervisor.)

Staff Name: _____

Request for Leave (Please indicate type):

() Vacation Date(s): _____ Number of Hours: _____

() Sick Date(s): _____ Number of Hours: _____

Please indicate type of sick leave below:

___ Sick Leave – (If more than 3 consecutive days, must contact Human Resources.)

___ Workers' Comp Leave

___ Family Medical Leave – (Must be approved by Human Resources.)

() Unpaid Leave Date(s): _____ Number of Hours: _____

Purpose of unpaid leave: _____

(Must be approved by Department Head, MUSM Representative, and HR.)

() Conference Date(s): _____ Number of Hours: _____

(Includes seminars, workshops, off-site training courses, educational conferences, etc.)

NOTE: Separate pre-authorization required for conference reimbursement.

() Jury Duty Date(s): _____ Number of Hours: _____

() Military Leave Date(s): _____ (Must provide copy of orders to HR.)

() Presentation/Talk Date(s): _____

Time out of office: _____

() Other Leave: Date(s): _____ Number of Hours: _____

Please describe: _____

Employee's Signature: _____ Date: _____

Supervisor's Approval: _____ Date: _____

Sufficient leave available: _____ Logged to master calendar: _____

Send to MUSM Finance Office. Sufficient departmental/office coverage: _____

MUSM Approval: _____ Date: _____

HR Approval (if necessary): _____ Date: _____