



Pay Period Leave Request

Name: _____

Employee ID: _____

Pay Period Beginning Date: _____

Ending Date: _____

I would like to request that my absence be charged as indicated below:

Begin		End		Total Hours Requested	Actual Hours	Leave Code *	Attachment	Employee's Initials	Date	Approved Yes or No	Supervisor's Initials	Date
Date	Time	Date	Time									

To be signed at the end of the pay period.

Employee's Signature

Date

I certify this is a true and correct report of my leave taken during this period.

Supervisor's Signature

Date

I certify this is a true and correct report of this employee's leave taken during this period.

***List of Leave Codes**

- | | | | |
|-------------------------------|-------------------------------|------------------------|---------------------------|
| A-Annual | G-Georgia Compensatory | M-Military with pay | W-Without pay, authorized |
| B-Blood Donation | H- Holiday | N-Military without pay | X-Disaster Volunteer |
| C-Family Georgia Compensatory | I-Georgia Compensatory Family | P-Personal | Y- Family, without pay |
| D-Family Personal | J- Jury and Witness | S-Sick | |
| E-Kidney Donation | K-Family Annual | T-Administrative Leave | |
| F-FLSA Compensatory | L-Family Sick | V-Voting | |