



**GEORGIA
CHRISTIAN UNIVERSITY**

6789 Peachtree Industrial Blvd., Atlanta, GA 30360
Tel) 770-279-0507 Fax) 770-279-0308
www.gcuniv.edu drpaul@gcuniv.edu

**LEAVE APPLICATION
(GCU EMPLOYEE)**

SECTION A: EMPLOYEE INFORMATION (Please Print)

Employee Name: _____ Title: _____

School/Department: _____

Address:

Telephone: (Home) _____ (Mobile) _____

Emergency Contact: (Name) _____ (Relation) _____ (Tel) _____

Employee Status: Full time Part Time Temporary

Leave To Begin ____/____/____ Return To Work ____/____/____

Reason for Leave: (Please state the reason for the application)

Leave to be used: Intermittently
 Continuous
 Both Intermittently and Continuous

I understand that the use of vacation, sick, or leave without pay must be in accordance with current University policies. I also understand that I must provide written notice of my intention to return to work prior to the end of my leave and return to duty within or at the end of the time granted, or notify the Office of Human Resources immediately when there is a decision not to return. Failure to report at the expiration of a leave, unless an extension has been requested and approved, may be considered as a resignation.

Signature _____

Date ____/____/____

SECTION B: DEPARTMENTAL ACKNOWLEDGEMENT

Granted Leave Period:

Leave To Begin _____/_____/_____

Return To Work _____/_____/_____

Supervisor Name (Print) _____

Phone Number _____

School/Department Contact _____

Contact Email _____

Contact Phone _____

Designated Officer for applicant's leave

Name: _____

Contact Number: _____

Approval Date: _____/_____/_____

School/Departmental Approval Signature: _____

+++++

Human Resources Use Only

Total Leave Balances as of employee's last day worked:

Vacation: _____

Sick: _____

Compensation: _____

Bonus: _____

This form should be retained for three (5) years in the employee's personnel file.

* If taken intermittently, it must be in units of one hour or more.