



GEORGIA PUBLIC DEFENDER STANDARDS COUNCIL

LEAVE WITHOUT PAY REQUEST FORM

Circuit/Office: _____ Date: _____

Name of Employee: _____ SSN: _____

Contact Number: _____
(Home) (Cell)

Mailing Address: _____

Proposed Last Day of Work: _____

Proposed Return Date*: _____

**For payroll to return you to active status, please contact HR (404-232-8913) at least ONE week prior to returning to work.*

Reason for Leave: _____

Do you have insurance with the State of Georgia? Yes** No ***Our Benefits Specialist will contact you once we receive your request.*

Completed by: _____

Approved by: _____
(Circuit Public Defender)

Please send completed request form by fax or email to Joey Mak at 404-463-1903 (Fax) / jmak@gpdsc.org (Email). You will receive confirmation as soon as your request has been processed completely.

FOR HR USE ONLY			
Leave Balance:	Annual _____ Hrs	Sick _____ Hrs	As of: _____
LWOP Effective Date:	_____	Leave Report Attached:	Yes <input type="checkbox"/> No <input type="checkbox"/>
PAF Completed:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mailed Date:	_____
Note:	_____		