



# 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](mailto:jmak@gpdsc.org) (Email). You will receive confirmation as soon as your request has been processed completely.

FOR HR USE ONLY			
Leave Balance:	<b>Annual</b> _____ Hrs	<b>Sick</b> _____ 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"/>	Entered:	_____
Note:	_____		