



MEDICAL COLLEGE OF GEORGIA

ELECTRONIC EXEMPT LEAVE LOGIN ACCESS / REMOVAL

Department Name: _____

Location / Bldg. Code: _____ Date: _____

Department Code(s): _____
 (If responsible for entering data for more than one department, list 10 digit dept. code for each one)

CHECK APPLICABLE BOX: AUTHORIZE ACCESS REMOVE ACCESS

REQUIRED INFORMATION	RESPONSE
PRIMARY DEPARTMENT ASSIGNEE	
SOCIAL SECURITY #	
BADGE ID #	
LOCATION - BLDG CODE AND ROOM #	
WORK EXTENSION	
EMAIL ADDRESS	
DEPARTMENT BACK-UP (SECONDARY)	
SOCIAL SECURITY #	
BADGE ID #	
LOCATION - BLDG CODE AND ROOM #	
WORK EXTENSION	
EMAIL ADDRESS	
AUTHORIZATION REQUESTED BY:	
TITLE	
DEPT HEAD APPROVAL /SIGNATURE	
<u>TYPE/PRINT</u> DEPT HEAD NAME SIGNING FORM	

JBSFY03

****IMPORTANT****

FORM MUST BE FILLED OUT COMPLETELY & CONTAIN ORIGINAL SIGNATURE OF DEPT HEAD/MANAGER.
 COMPLETE ALL DATA AND RETURN **ORIGINAL** TO: **ATTN: EXEMPT PAYROLL, HS B166, (Ext. 0020)**