MINNESOTA STATE UNIVERSITY moorhead

Request for Paid Leave of Absence

♦ MAPE Employees ♦

Attach this form to bi-weekly Time and Leave Report.

_____ _____ _____
(Employee ID Number) (Signature of Employee) (Date)

Starting _____ (time) ❑ a.m. ❑ p.m. _____ (date) Totaling _____ hours

Ending _____ (time) ❑ a.m. ❑ p.m. _____ (date) _____ days

TYPE OF LEAVE: Check one

❑ **Vacation:** (Shall not be granted for less than one-half hour increments.)

❑ **Compensatory Time Taken:** (Please report in .25 hour increments)

❑ **Sick Leave:** (Please report in .25 hour increments)

- ❑ Illness/disability/Medical appointment
- ❑ Illness-Immediate Family (relation): _____
  (Employee's: Spouse, minor or dependent children/step children/foster children*****, or parent/step-parent***** living in the same household.)
- ❑ Death-Family (relation): _____
  (Employee's: Spouse, parents/step parents*****, grandparents, guardian, children, step-children, grandchildren, brothers, sisters, or wards. Spouse's: Parents or grandparents*****)

*** Not in all units.**

❑ **Floating Holiday:** This day must be taken during the **fiscal** year in which it is earned—non-cumulative.

❑ **Worker's Compensation:** Use: ❑ sick leave ❑ vacation ❑ leave without pay Date of injury _____

❑ **Family/Medical Leave Act:** Use: ❑ sick leave ❑ vacation ❑ comp time ❑ floating holiday ❑ leave without pay

❑ **Jury Duty:** Leave shall be granted for service upon a jury. Employees whose scheduled shift is other than a day shift shall be reassigned to a day shift during the period of service upon a jury. When not impaneled for actual service and only on call, the employee shall report to work. (**Attach copy of summons**.)

❑ **Military Leave:** Up to 15 days/120 hours per calendar year. (**Attach copy of orders**.)

❑ **Leave without Pay:** Employee's request.

Supervisor's Signature _____ Date _____ ❑ Approved ❑ Denied

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