

**Minnesota State University Moorhead**

**Employee Request for**

**Voluntary Reduction in Hours/Salary Savings Leave**

In accordance with Minnesota Statute, Section 43A.49 – **VOLUNTARY UNPAID LEAVE OF ABSENCE**, which states (in part) : “Appointing authorities in state government may allow each employee to take an unpaid leave of absence for up to 1040 hours in each two-year period beginning July 1 of each odd-numbered year. Each appointing authority approving such leave shall allow the employee to continue accruing vacation and sick leave, be eligible for paid holidays and insurance benefits, accrue seniority, and accrue service credit in state retirement plans\* as if the employee had actually been employed during the time of the leave...”

I hereby request \_\_\_\_\_ hours/days of voluntary unpaid leave  
from \_\_\_\_\_ to: \_\_\_\_\_.

Additional information pertinent to request \_\_\_\_\_

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\_\_\_ I will \_\_\_ I will not be continuing my retirement contributions.

\_\_\_\_\_  
*Employee's Signature/Date*

\_\_\_\_\_  
*Supervisor's approval/Date*

\_\_\_\_\_  
*Appropriate Dean or Vice President's Approval/ Date*

**Return to Human Resources Office**

\*Contact Retirement Plan to determine effects (if any) on benefits.

HR 6/09