

**Montana State University-Northern
LEAVE REQUEST**

Employee Name _____

_____ Vacation Leave Requested:

from _____ through _____ Total
Hours _____

_____ Leave for Personal Purposes--Faculty Only:

from _____ through _____ Total
Hours _____

_____ Floating Holiday - Do not split: 8 hours, or pro-rated for part-time employees. One per calendar year.

from _____ through _____ Total
Hours _____

_____ Leave without pay:

from _____ through _____ Total
Hours _____

_____ Other: _____ Military/Jury _____ Sick

from _____ through _____ Total
Hours _____

Employee's Signature & Date

Authorized Approval & Date

Signature _____ Date _____

Signature _____ Date _____

_____ Original to Payroll

_____ Duplicate to Employee