Montana State University-Northern
LEAVE REQUEST

Employee Name _____

_____ Vacation Leave Requested:

| | | | Total | |
| from _____ | through _____ | | Hours | _____ |

_____ Leave for Personal Purposes--Faculty Only:

| | | | Total | |
| from _____ | through _____ | | Hours | _____ |

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

| | | | Total | |
| from _____ | through _____ | | Hours | _____ |

_____ Leave without pay:

| | | | Total | |
| from _____ | through _____ | | Hours | _____ |

_____ Other: _____ Military/Jury _____ Sick

| | | Total |
| | | Hours _____ |

| from _____ | through _____ |

Employee's Signature & Date   **Authorized Approval & Date**

_____   _____
Signature   Date   Signature   Date

_____ Original to Payroll   _____ Duplicate to Employee