# REQUEST FOR LEAVE
(Faculty and Staff)

Check One:     Faculty          Staff
Check One:     Bi-Weekly        Monthly
Check One:     Full-time        Part-time

MVSU ID#: _____

NAME: _____     DATE: _____

DEPARTMENT: _____     JOB TITLE: _____

PURPOSE: _____

DESIGNATED CONTACT PERSON(S) DURING ABSENCE: _____

FIRST DAY OF LEAVE: _____          LAST DAY OF LEAVE: _____

Indicate the number of hours taken each day

|  | Dates (Mon. –Sun.) | Monday # of Hours | Tuesday # of hours | Wednesday # of Hours | Thursday # of Hours | Friday # of Hours | Saturday # of Hours | Sunday # of Hours | Total Hours |
|---|---|---|---|---|---|---|---|---|---|
| WEEK 1 | - | | | | | | | | |
| WEEK 2 | - | | | | | | | | |
| WEEK 3 | - | | | | | | | | |
| WEEK 4 | - | | | | | | | | |
| WEEK 5 | - | | | | | | | | |

## TYPE OF LEAVE REQUESTED (CHECK ALL THAT APPLIES):

PERSONAL LEAVE – VACATION, LEAVE FOR PERSONAL REASONS, FIRST DAY OF ILLNESS

MEDICAL LEAVE – DAYS FOR ILLNESS AFTER THE FIRST 8 HOURS,  ILLNESS OF MORE THAN 3 SCHEDULED WORK DAYS REQUIRES PHYSICIAN STATEMENT

PERSONAL LEAVE OR MAJOR MEDICAL TAKEN **FOR WORKERS' COMPENSATION** (First report of injury must be submitted)

PERSONAL LEAVE OR MAJOR MEDICAL TAKEN **FOR FAMILY MEDICAL LEAVE** (Prior certification from doctor must be submitted)

BEREAVEMENT (documentation such as Obituary or Newspaper Notice must be submitted)

OFFICIAL UNIVERSITY BUSINESS - ATTACH DOCUMENTATION

MILITARY OR COURT SUMMONS -  ATTACH DOCUMENTATION

LEAVE WITHOUT PAY - ABSENCE NOT EXCUSED, SALARY REDUCTION IN DIRECT PROPORTION TO HOURS ABSENT

**PERSONAL LEAVE**:     TOTAL HOURS AVAILABLE _____          TOTAL HOURS USED _____          TOTAL HOURS REMAINING _____

**MAJOR MEDICAL**:     TOTAL HOURS AVAILABLE _____          TOTAL HOURS USED _____          TOTAL HOURS REMAINING _____

**OTHER LEAVE:**     **TOTAL HOURS USED (Official Business, Military Leave or Court Summons) _____**

**SIGNATURES:**     This application for leave is approved for the purpose and period of time indicated above

EMPLOYEE: _____     PERSON REPORTING LEAVE: _____

APPLICABLE DEPARTMENT HEAD: _____     EXECUTIVE STAFF/VP: _____
(Chair/Director/Vice President)                                   (Signature required if leave is greater than two weeks or ten days)

Processed by Human Resources: _____     Date: _____