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 _____

☐ Leave without pay:

from _____ through _____ Total Hours _____

☐ Other: Military/Jury Sick

from _____ through _____ Total Hours _____

Employee's Signature & Date

_____

Signature Date

Authorized Approval & Date

_____

Signature Date

☐ Original to Payroll

☐ Duplicate to Employee