

**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

Authorized Approval & Date

Signature Date

Signature Date

Original to Payroll

Duplicate to Employee

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