

Mississippi Valley State University

REQUEST FOR LEAVE

FACULTY

NAME: _____ DATE: _____

DEPARTMENT: _____ SSN: _____

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 APPROPRIATE BOX (ES):

- MAJOR MEDICAL - DAYS FOR ILLNESS AFTER THE FIRST 8 HOURS. ILLNESS OF MORE THAN 3 SCHEDULED WORK DAYS REQUIRES PHYSICIAN STATEMENT.
- MAJOR MEDICAL TAKEN FOR **FAMILY MEDICAL LEAVE (FMLA)** Prior certification from doctor must be submitted)
- OFFICIAL UNIVERSITY BUSINESS - APPROVED BY DEAN OR PRESIDENT - (ATTACH DOCUMENTATION).
- MILITARY OR COURT SUMMONS - (ATTACH DOCUMENTATION).
- LEAVE WITHOUT PAY - ABSENCE EXCUSED, SALARY DEDUCTION IN DIRECT PROPORTION TO HOURS ABSENT

EMPLOYEE SIGNATURE: _____ PERSON REPORTING ABSENCE: _____

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

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

This application for leave is approved for the purpose and period of time indicated.

 DEPARTMENT CHAIR/DIRECTOR

 DIRECTOR OF HUMAN RESOURCES

 DEAN

 PRESIDENT

 EXECUTIVE STAFF/VP