MISSISSIPPI VALLEY STATE UNIVERSITY

STAFF-REQUEST FOR LEAVE

NAME: _____ DATE: _____

DEPARTMENT: _____ ID# : _____

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									0.00
WEEK 2									0.00
WEEK 3									0.00
WEEK 4									0.00
WEEK 5									0.00

TYPE OF LEAVE REQUESTED (CHECK APPROPRIATE BOX(ES):

☐ PERSONAL LEAVE - VACATION, LEAVE FOR PERSONAL REASON, FIRST DAY OF ILLNESS

☐ MAJOR MEDICAL - DAYS FOR ILLNESS AFTER THE FIRST 8 HOURS. ILLNESS OF MORE THAN 3 SCHEDULED WORK DAYS REQUIRES A 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)

☐ OFFICIAL UNIVERSITY BUSINESS - APPROVED BY DEAN OR PRESIDENT - (ATTACH DOCUMENTATION).

☐ MILITARY OR COURT SUMMONS - (ATTACH DOCUMENTATION).

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

EMPLOYEE SIGNATURE:_____ PERSON REPORTING ABSENCE:_____

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 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

_____ *DEAN

_____ *EXECUTIVE STAFF/VP

HUMAN RESOURCES USE ONLY

*Signature (s) required if leave is greater than two weeks or ten days.