Faculty Leave Request

Employee (PLEASE PRINT)

PAID LEAVE	UNPAID LEAVE	
SICK: Employee Illness Employee/Dep. Medical Appt Spouse/Dep Illness Birth/Adoption PERSONAL BEREAVEMENT* (state relationship) LEGAL (attach summons) Military (attach orders)	OTHER*	All leave granted shall be in accordance with Articles 14 & 15 of the current MSCF bargaining agreement. Please consult your agreement.

LEAVE TYPE	From		To		Total Hours	FMLA Quailifed?
	Date	Time	Date	Time		

*Explain:

Date Requested:	Employee Signature:
Absence is _____ Approved _____ Not Approved	Supervisor Signature: Date:

COPIES TO: employee, supervisor, HR

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