BEMIDJI STATE UNIVERSITY
Employee Leave Request Form

Form can be found @:  http://www.bemidjistate.edu/businessoffice/

______________________________________  ________________________
(Print Employee Name)                                                           (Date)

Type of Leave being requested:

Sick                Date(s): ________________ Time(s): ________ # Hours _______
                  Date(s): ________________ Time(s): ________ # Hours _______

Vacation           Date(s): ________________ Time(s): ________ # Hours _______
                  Date(s): ________________ Time(s): ________ # Hours _______

Floating Holiday  Date(s): ________________ # Days ______

Emergency/Personal  Date: __________________
(MSUAASF/IFO Only)

Bereavement  Date(s): ________________ Time(s): ________ # Hours _______

Relationship of Decedent   __________________________________________________________

Jury Duty  Date(s): ________________ Time(s): ________ #Hours _______
(Attach summons/letter from court)

Leave without Pay Date(s): ________________ Time(s): ________ #Hours _______

Faculty: Describe arrangements made to cover classes during absence: ____________________
________________________________________________________________________________

Additional Comments: _____________________________________________________________
________________________________________________________________________________

Employee Signature                      _____________________________________________________

Dept. Chair/Supervisor Signature _____________________________________________________

(Classified Staff need not get signatures beyond immediate supervisor,
please attach approved leave request to your timesheet when it is turned in)

Dean Signature (if applicable)       _____________________________________________________

Vice President Signature               _____________________________________________________

Approved   ____                        Disapproved   ____

Please forward completed form to the Payroll Office @ Box 6

If you wish to receive a copy of this form after it has been routed for approval, please
print your name and Box # for return:

Name: _______________________________   Box# __________