BEMIDJI STATE UNIVERSITY

Employee Leave Request Form

_____ _____

(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) _____

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#* _____