

Request for Leave without Pay

Administrative Services + Phone: 208.885.0168 + Fax: 208.885.4719

To comply with the University Leave Policy (FSH 3710 - O) any College of Agricultural and Life Sciences employee who must request Leave without Pay must provide the following to their department administrator prior to taking leave. Please provide the information requested below so that a formal Request for Leave can be forwarded through the appropriate approval process.

Date of Request	V#	Employee (Printed)
Department	Supervisor	
Dates Requested:	From: _____ To: _____	Total Time Requested: _____

Justification:

Please include the business need for granting this request (per FSH3710 O-2, Leave without Pay with Benefits may only be approved by exception and only when doing so meets the business need of the university).

Employee Signature	Date
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Supervisor Comments:

As supervisor, I **approve / do not approve** the request the leave without pay. *(Please circle one)*

Supervisor Signature	Date
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As Department Head/Director, I **approve / do not approve** the request the leave without pay. *(Please circle one)*

Supervisor Signature	Date
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Administrative Services Use Only **Approved / Denied** by the College of Agricultural and Life Sciences Dean's Office. *(Please circle one)*

Annual Leave	Comp Time	Anticipated	Signature of Verifier	Date
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Signature	Date
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Provost Office Use Only **Approved / Denied** by the Provost Office. *(Please circle one)*

Signature	Date
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Provost Comments: