

**St Cloud State University
Voluntary Unpaid Leave of Absence Request**

Name _____ Date _____

Job Title _____ Department _____

I request to take _____ hours/pay period* of voluntary unpaid leave

from _____ to _____.

***All requests may not be in increments of less than one hour and must be in the form of a reoccurring schedule and begin on the first day of a pay period and end on the last day of a pay period. If approved, all requests must be adhered to until the requested completion date. All requests are to be made within the confines of a fiscal year (7/1-6/30) and subsequently resubmitted each fiscal year.**

Additional information pertinent to request:

Approved
YES NO

| | | | |
|-------------------------------|--------------------------|--------------------------|------|
| Employee Signature | | | Date |
| Supervisor Signature | <input type="checkbox"/> | <input type="checkbox"/> | Date |
| Dean/Chair Signature | <input type="checkbox"/> | <input type="checkbox"/> | Date |
| Unit Vice President Signature | <input type="checkbox"/> | <input type="checkbox"/> | Date |
| Human Resources Reviewed | <input type="checkbox"/> | <input type="checkbox"/> | Date |

Please return form to Human Resources (AS 204) the pay period before the leave is to begin to facilitate processing. If you have questions, please contact 308-3203.

NOTE: Please code your timesheet when using leave for salary savings with the appropriate code of LSS and number of hours used per day.

MSUAASF and MnSCU Administrators must submit a leave slip for the days they use Voluntary Unpaid Leave of Absence.