

MIDDLE TENNESSEE STATE UNIVERSITY
HUMAN RESOURCE SERVICES

REQUEST FOR LEAVE WITHOUT PAY

Employee's Name _____ M No. _____

Department _____

I hereby request leave without pay commencing on _____ 20____
and extending through _____ 20____

This constitutes leave without pay for _____ hours.

Comments _____

Note:

Report leave without pay partial hours according to the following schedule:

01-06 min. = .1 hrs.

07-12 min. = .2 hrs.

13-18 min. = .3 hrs.

19-24 min. = .4 hrs.

25-30 min. = .5 hrs.

31-36 min. = .6 hrs.

37-42 min. = .7 hrs.

43-48 min. = .8 hrs.

49-54 min. = .9 hrs.

55-60 min. = 1.0 hrs.

REQUESTED BY: _____

APPROVED BY: _____

Submit in duplicate to Human Resource Services:

One (1) copy will be retained with Human Resource Services.

One (1) copy will be forwarded to Payroll Services.

IMPORTANT:

This form should be completed and signed by the employee, approved by the department head and forwarded to the Human Resource Services Office **before the leave without pay period begins.**

A Tennessee Board of Regents Institution

MTSU is an equal opportunity, non-racially identifiable, educational institution that does not discriminate against individuals with disabilities.