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.