



Leave With Pay Prior to Accumulation Request Form

Name:

Department:

Employee ID:

Date:

Number of Hours Requested

Annual:

Sick:

Dates Requested for Leave:

Current Leave Balances :

Annual:

Sick:

Terms and Conditions:

Accordingly, approval to take leave in advance of accumulation is required. I understand such approval is at the discretion of the department head, with approval of the appropriate institution or agency officer. I also understand that any leave taken in advance of accumulation must be paid back if employment is terminated before I have accumulated enough leave to make up any negative leave balance. As a condition of approval to take leave in advance of accumulation, I request and authorize a deduction from my final paycheck in the amount of the negative balance (value of approved leave in advance) or such lesser amount required to pay off the balance of any unearned leave taken that remains on the date employment is terminated.

Employee Signature:

Date:

Approval

Supervisor Signature:

Date:

Submit Form to: Employee Services
McFarland 211
(701)845-7401

Request Approved: Yes

No

HR Director or Other Authorized Officer:

Date: