



Leave Without Pay Request Form

Name:

Department:

Employee ID:

Date:

Dates Requested

Number of Hours

Purpose of Leave: (Clearly present the purpose of the leave per NDUS HR Policy 21 Leave Without Pay)

Employee Signature:

Date:

Supervisor Signature:

Date:

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

Request Approved: Yes

No

HR Director or Other Authorized Officer Signature: