

# Request for Paid Leave of Absence— MnSCU Administrators

Employee ID #: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Application is hereby made for paid leave of absence in accordance with the Personnel Plan for MnSCU Administrators. The employee should consult his/her plan for a more detailed statement of leave provisions.

## Date of Leave:

From: \_\_\_\_\_ thru \_\_\_\_\_ Totalling \_\_\_\_\_ or \_\_\_\_\_  
(hour) (date) (hour) (date) (hours) (days)

## Type of Leave: (Check one)

**Vacation Leave:** Actual working days, excluding Saturday, Sunday, and any holiday which may fall within the vacation.  
(May only be taken in one-half (1/2) day increments.)

**Sick Leave:** (May only be taken in one-half (1/2) day increments.)

Illness  Injury/Disability  Injury (work-related)

Medical Appointment

Illness-Immediate Family

(The term "immediate family" shall be defined to include the spouse, brothers, sisters living in the administrator's household, or children, wards, parent or parents of the spouse. The President may extend these provisions to include other residents of the household.)

**Bereavement Leave:** Up to 5 days per occurrence shall be granted in the death of the "immediate family."

(The term "immediate family" shall include the spouse, parents, parents of the spouse, children, grandchildren, brothers, sisters, grandparents, or wards of the administrator. The use of sick leave for bereavement purposes shall be granted in case of the following relatives of the spouse: children, grandchildren, brothers, sisters, grandparents or wards.)

Family Relation: \_\_\_\_\_

**To be filled in by the Human Resources Office**

Bereavement Leave to be deducted from Sick Leave.  Yes  No

Does the above sick or bereavement leave qualify as an FMLA Leave?  Yes  No

**Military Leave:** Employees who are members of the state or federal armed services are entitled to leave of absence with pay as defined in Minnesota Statutes. **(Attach copy of orders)**

**Court Related:** Employees shall be granted a paid leave of absence for:  Service upon a jury  
 Appearance before a court  
 Attendance in court

**Voting Time Leave**

**Emergency Leave**

## Approvals:

Administrative Supervisor \_\_\_\_\_ Date \_\_\_\_\_

President \_\_\_\_\_ Date \_\_\_\_\_