MINNESOTA STATE UNIVERSITY moorhead

Request for Paid Leave of Absence—
Unclassified Employees Under IFO Agreement

_____	_____	_____	_____
(Employee ID Number)	(Name of Employee)	(Signature)	(Date)

Application is hereby made for paid leave of absence in accordance with the Agreement between the Master Agreement between the Minnesota Colleges and Universities Board of Trustees. The employee should consult his/her contract for a more detailed statement of leave provisions.

Date Of Leave:

From _____ (hour) _____ (date) thru _____ (hour) _____ (date) Totaling _____ (hours) or _____ (days)

Type of Leave: (Check one)

☐ **Sick Leave:** ☐ Illness **OR** ☐ Injury

- ☐ Medical Appointment
- ☐ Illness-Immediate Family (relation) _____

"Immediate family" shall be defined to include the spouse, brothers, sisters, children, step-children, foster children, grandchildren, wards, grandparents, parents, or parents of the spouse. The President or his/her designee may extend the provisions to include other residents of the household. A faculty member may use up to three (3) days of sick leave to arrange for the nursing care of the faculty member's parents or parents of the spouse.

☐ **Bereavement Leave:** Up to 5 days per occurrence in case of a death in the immediate family. "Immediate family" is defined as the spouse, the parents, guardian, children, grandchildren, brothers, sisters, grandparents, or wards of the faculty member or faculty member's spouse. Bereavement leave shall not be deducted from sick leave in the case of relatives of the faculty member or the spouse's parents. **Bereavement leave shall be deducted from sick leave in the case of other relatives of the spouse. Additional time may be allowed by the President/designee depending upon circumstances.**

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

☐ **Emergency Leave / Personal Leave:** Up to 3 days (non-cumulative) per fiscal year for situations that arise necessitating the absence of the faculty member from the campus where other provisions do not allow for such absences. The days used shall not be deducted from sick leave. **Partial days may not be used.**

Type of Emergency _____

To be filled in by the Human Resources Office: Emergency Leave used this academic year _____

☐ **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

Department Chairperson _____ Date _____

Area Dean _____ Date _____

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