

# Request for Leave Without Pay

Human Resources Services  
Middle Tennessee State University



Employee's Name \_\_\_\_\_ Employee "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.**