

PROFESSIONAL LEAVE REQUEST FORM

This is an on-line form. The shaded areas will expand as needed for the information that is typed in.
Personal and Sick Leave Request are made via eservices site: <https://eservices.minnstate.edu> (e-time sheet).

Name: _____

Bargaining Unit/Status: _____

Leave Date(s):

Date: _____ From: _____ to _____ Total Hours _____

Date: _____ From: _____ to _____ Total Hours _____

Date: _____ From: _____ to _____ Total Hours _____

Professional Leave Reason:

Location _____

Description of Leave: _____

Rationale for Leave: _____

Other (i.e. Jury Duty): _____

Explanation: _____

Please complete as applicable:

Substitute's Name: _____

(Please write in "None" if a substitute is not required.)

Employee's Signature: _____

Date: _____

Supervisor's Approval:

Approved

Not Approved

Supervisor's Signature: _____

Date: _____

Approval subject to verification by the Human Resources Office that leave is available and is within limits as specified in bargaining unit contracts.

(Return to HR Office)