

THE UNIVERSITY of MONTANA WESTERN

710 S. ATLANTIC ST. | DILLON, MONTANA 59725

EMPLOYEE REQUEST FOR LEAVE OF ABSENCE

UNIVERSITY OF MONTANA WESTERN HUMAN RESOURCES

Name: _____ Date: _____

Employee ID#: 790- _____ Department: _____

SELECT APPROPRIATE BOXES: **TOTAL ESTIMATED HOURS:**

- Excess Annual Leave**
Date(s): _____ █
- Annual Leave**
Date(s): _____ █
- Sick Leave**
Date(s): _____ █
- Juror or Witness Leave**
Date(s): _____ █
- Military Leave**
Date(s): _____ █
- Public Service Leave**
Date(s): _____ █
- Earned Compensatory Time**
Date(s): _____ █
- Other**
Date(s): _____ █

Please provide the appropriate documentation where applicable.



Employee Signature _____ Date _____

- APPROVED NOT APPROVED

Supervisor Signature _____ Date _____