APPLICATION FOR LEAVE

montanaTech

NAME: (Last, First, Middle)		EMPLOYEE ID NUMBER:

TITLE:	DEPARTMENT:	SUPERVISOR:

TYPE OF LEAVE REQUESTED	DATES OF REQUESTED LEAVE	
	Start Date:	**End Date:**
Juror or Witness Leave (Include documentation with request)		
Military Leave (Include military orders with request)		
Leave Without Pay* (LWOP)		

* Any Leave Without Pay may affect medical premiums and/or eligibility for health insurance. Health insurance may lapse unless it is paid in advance. Please make arragements with the Human Resources Office.

JUSTIFICATION (To be completed by employee - please provide reasons for request):

APPROVAL SECTION - Forward to HR Director after supervisor has approved below.

JURY/WITNESS DUTY OR MILITARY LEAVE FOR ALL EMPLOYEES and LEAVE WITHOUT PAY FOR CLASSIFIED EMPLOYEES:

Signature of Applicant

_____
                    Date

Signature of Supervisor _____   ☐ Approved ☐ Disapproved
                                          Date

Signature of HR Director _____   ☐ Approved ☐ Disapproved
                                          Date

LEAVE WITHOUT PAY **APPROVAL FOR HIGHLANDS COLLEGE FACULTY**	**LEAVE WITHOUT PAY** **APPROVAL FOR NORTH CAMPUS FACULTY**
☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved
Dean (Highlands) Date	Dept. Head Date
☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved
Chancellor Date	Dean Date

LEAVE WITHOUT PAY
APPROVAL FOR PROFESSIONALS AND ADMINISTRATORS

	☐ Approved ☐ Disapproved
	Provost Date
☐ Approved ☐ Disapproved	☐ Approved ☐ Disapproved
Vice Chancellor A&F Date	Vice Chancellor A&F Date
	☐ Approved ☐ Disapproved
	Chancellor Date