

University of North Dakota

Leave Without Pay/Workload Reduction Request

(If leave being requested is Long Term Medical Leave, please complete an Long Term Medical Leave Request, instead of Leave without Pay)

A voluntary leave without pay or workload reduction request may be approved for purposes of mutual benefit to the institution and the employee. Leave without pay may be granted for purposes such as education, research, or temporary employment that will contribute to the employee's expertise, making the employee more effective upon return to employment. In any other instance(s) an employee's applicable leave must first be used, prior to utilizing leave without pay, with the exception of employees exercising FMLA rights. In which case employees are allowed to take leave without pay while preserving leave balances as allowed in NDUS HR policy 6: Annual leave & NDUS HR Policy 7: Sick leave.

Applicable Policies: NDUS HR Policy 21: Le	eave without Pay, ND SBHE Policy 701	1.1: Leave without Pay; UND Policy 10643	542: Voluntary Leave without Pay/Workloa	d Reduction
TO BE COMPLETED BY EN	IPLOYEE (Type or Print)			
1. LAST NAME	2. FIRST NAME	3. MIDDLE INITIAL	4. EMPLID#	
5. DEPARTMENT NAME			6. CONTACT PHONE #	
7. REASON FOR REQUESTED LEAVE	:			
8. TYPE OF REQUEST 9. LEAVE START DATE	Short Term Lim 10. RETURN TO WORK DATE	ited Time Permanent	UESTED ON AN INTERMITTENT OR REI	
5. LLAVE START DATE	10. REFORM TO WORK DATE	_	e attach a proposed work schedule)	
12. CURRENT HOURS/WEEK (FTE)	13. REQUESTED HOURS/WEEK			D # OF MONTHS/YEAR
Lacknowledge this request is volunt:	ary on my part and if accepted b	w the University Lagree to the term	s as listed above. I also understand th	e University reserves the right
to accept or deny this request, at its		y the oniversity, rugice to the term		ie oniversity reserves the right
		Signature of Er	nnlovee	Date
		orginatare of Er	npioyee	5410
To be Completed by Supervi	sor:			
I recommend the approval of this Le	ave without Pay/Workload Redu	iction Request and attest the reason	aligns with policy as cited on this forn	n: Yes No
If approved: Forward to De				
If denied: Return copy to er				
	is needed, please attach additional pag	765)		
in the, reason for demail (in more room	ris needed, please attach additional pag			
		Signature of Su	inervisor	Date
To be Completed by Departr	nent Chair/Director:			
To be Completed by Departr	nent Chair/Director:			
		/al of this request. (See NDUS HR Po	licy 21)	Yes No
1). Leave request is 21 working day	ys or more. I recommend approv			Yes No
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