



# Great Falls College MSU LEAVE REQUEST

Please complete electronically

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

### Work Dates and Times Affected

Type of Leave	Date	Time (ex: 2-4pm)	Total Hours

Location of Professional Development/Institutional Travel: \_\_\_\_\_

For travel arrangements, please complete a **Travel Request Form** and attach it to this document. If you arranged your own travel, please complete the form with your travel information.

**If you need a campus car, please complete a Vehicle Request Form and turn it into Maintenance. This is your responsibility to complete.**

### ADDITIONAL INFORMATION *(Complete as applicable)*

Substitute Required?  YES  NO If no, please explain: \_\_\_\_\_

Suggested Sub: \_\_\_\_\_

Confirmed?  YES  NO

Additional Information \_\_\_\_\_

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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Please submit this form directly to the payroll office.**

NOTE: If sick leave is used for three (3) or more consecutive days, Human Resources must be notified and a doctor's note is required upon return to work.