

MSC Leave Request Form

All absences should be requested and approved prior to the leave being taken except in emergencies.

Name: _____

Department: _____

I request (type of leave):

- | | | |
|--|---|--|
| <input type="checkbox"/> Sick* | <input type="checkbox"/> Bereavement | <input type="checkbox"/> Unpaid Leave |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> New Parents | <input type="checkbox"/> FMLA/CFRA |
| <input type="checkbox"/> Administrative Leave | <input type="checkbox"/> Military Leave | <input type="checkbox"/> Personal Business |
| <input type="checkbox"/> Personal Necessity | <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Diversity Recognition Day |
| <input type="checkbox"/> (Other leave, please explain) _____ | | |

for _____ day (number of hours/days) _____ (dates).

Signature of Employee

Date

Signature of Supervisor

Date

*Sick leave may require medical certification. Please refer to the Managers, Supervisors, & Confidential Employees Handbook: Section 14 Leaves.

Please forward a copy of all leave requests, except vacation and personal, to Human Resources.

Form Effective July 1, 2024