WINONA STATE UNIVERSITY
Unclassified Personnel—Request for Excused Absence

Date_____

LEAVE REQUEST:
In accordance with the authoritative reference listed in WSU Regulation 5-9, I requested permission to be absent from campus on the following date(s):

_____

_____

CHARGE TO:

☐ Vacation _____

☐ Sick Leave
Circle One: illness, disability, other list reason _____

_____

☐ Leave taken for self or indicate relationship to employee: _____

_____

☐ Emergency/Personal Leave (Reason):_____

☐ Military Leave (attach copy of orders)

☐ Court-related Leave:
☐ Jury Duty ☐ Appearance before a court or legislative committee or other body in response to subpoena for purposes other than those created by employee or the exclusive representative ☐ Attendance in court in connection with official duties

☐ Bereavement Leave (Family relation): _____

☐ Leave of Absence without pay (reason): _____

☐ Parental Leave without pay

☐ Other (If professional meeting, indicate organization, city and state): _____

_____

ARRANGEMENTS:
My classes or other duties will be or have been taken care of by (give name of faculty member who will be in charge of each class or describe other arrangements to handle classes): _____

_____

_____

_____
Applicant Name (Please Print)

_____
Applicant Signature

_____
SEMA4 Employee I.D. Number

_____
Department Chair/Supervisor Signature Date

THE ABOVE REQUEST TO LEAVE IS HEREBY:

☐ Approved ☐ Disapproved _____
Dean or Administrative Head Date

☐ Approved ☐ Disapproved _____
Vice President Date

☐ Approved ☐ Disapproved _____
President Date

White Copy—Human Resources
Yellow Copy—Employee

Ref: WSU Regulation 5-9