

# Application for Leave of Absence Without Pay

**Instructions:** Complete this form to request a leave of absence without pay and submit to the department/unit head for processing with an Employment Action Form.

Name of Employee: \_\_\_\_\_ MSU ID Number: \_\_\_\_\_

Department/County: \_\_\_\_\_

Department Phone Number: \_\_\_\_\_ Mailstop: \_\_\_\_\_

I am requesting a leave of absence without pay for the following period:

\_\_\_\_\_ to \_\_\_\_\_  
Beginning date of absence Ending date of absence

List total number of hours: \_\_\_\_\_

Check the type of leave requested:

**Medical Disability** (Check all that apply)

Family and Medical Leave (Medical Certification Form must be attached)

**I am requesting Family and Medical Leave (FMLA) due to birth of a child, placement for adoption/ foster care, or the serious health condition of:**

\_\_\_\_\_ Self \_\_\_\_\_ Spouse \_\_\_\_\_ Child \_\_\_\_\_ Parent

Medical Leave of Absence

On-the-Job Injury (Worker's Compensation)

**Military**

**Personal** (Temporary relocation of employee's spouse, family emergency, etc.)

**Educational/Professional Development** (Describe below how this leave will benefit the University.)

**Professional Leave** (Describe below the service being provided to a public institution or public agency of the state or a federal agency and explain how this leave will benefit the University.)

**My signature below indicates my intention to return to work at the University at the expiration of the leave of absence, if approved.**

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

A copy of leave policies may be obtained from department/unit heads, Human Resources Management or on the web at <http://www.msstate.edu/dept/audit/mainindex.html>

This application for leave without pay is approved for the purpose and period of time indicated.

\_\_\_\_\_  
Signature and Title Date

\_\_\_\_\_  
Signature and Title Date