

LEAVE AUTHORIZATION/PAYROLL DEDUCTION AGREEMENT
University of North Dakota

Employee Name: _____

Employees Department: _____

Position/title: _____

I request approval to take

_____ hours of sick leave and/or

_____ hours of annual leave

on these dates: _____.

My leave balances are _____ hours sick leave and _____ hours annual leave. Accordingly, approval to take leave in advance of accumulation is required. I understand such approval is at the discretion of the department head, with approval of the appropriate institution or agency officer. I also understand that any leave taken in advance of accumulation must be paid back if employment is terminated before I have accumulated enough leave to make up any negative leave balance. As a condition of approval to take leave in advance of accumulation, I request and authorize a deduction from my final paycheck in the amount of \$_____ (value of approved leave in advance) or such lesser amount required to pay off the balance of any unearned leave taken that remains on the date employment is terminated.

Employee

Date: _____

Approved:

Department head

Date: _____

Director of Human Resources

Date: _____