



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

**Request for Leave Without Pay
in Excess of Three Months**

Use this form to request leave without pay in excess of three months. All employees contemplating leave without pay should contact their institution's personnel office to discuss employee benefit options.

NAME:	
POSITION/TITLE:	
UNIVERSITY:	
DEPARTMENT:	
DATE:	

1. Employee Information:

Type of Employee (place an "X" in the appropriate box):

Faculty CSA Non-Faculty Exempt

In accordance with Administrative Rules of South Dakota (ARSD) 55:09:04:10, I am submitting my request for leave without pay in excess of three months for the period:

_____ to _____
(month/day/year) (month/day/year)

Provide a brief justification for the request (provide additional documentation as needed):

Employee Signature

Date

2. University Approval (Supervisor should attach proposal for covering duties of position during employee's absence. Additional statements may be attached as needed).

_____ Supervisor	_____ Date
_____ Dean/Director	_____ Date
_____ Vice President	_____ Date
_____ President	_____ Date

Send this form and accompanying supporting documents to the Board of Regents Office after receiving the appropriate campus approval.

_____ Executive Director/CEO*	_____ Date
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**Unless otherwise specified, this request does not require formal consideration/action from the Board. Therefore, the approval process is complete upon final approval from the system Executive Director/CEO.*