

**Michigan State University
Union or Association
REQUEST FOR TIME OFF**

Union or Association name:

Date:

Date of time off:

Hours of time off: from

to

Total:

hours

minutes

Reason for time off:

Department name:

Division name:

Requesting employee's name:

Requestor's title:

Requestor's signature _____

Approved/disapproved by (signature) _____

Reason for disapproval:

Applicable only to CTU: Permission may not be denied except (a) in emergencies not caused by the University, or (b) when overtime is required to fulfill the function and there has not been sufficient notice to permit rescheduling to avoid overtime, unless the failure to notify the employee's supervisors of the requested release time was the fault of the University.

MSU is an affirmative action, equal opportunity employer.

Distribution of copies:
1 copy to employee
1 copy to department
1 copy to Employee Relations