Per the SBHE Human Resource Policy Manual at the discretion of the department head and the appropriate administrative officer, an employee may be granted annual leave [(Policy: 6 Annual Leave, No. 10)](https://ndusbpos.sharepoint.com/:w:/s/NDUSPoliciesandProcedures/Ee4ntkWGROJKoagbCczfbfMBZiN5epMfpqnBfb0iNPtU5A?e=Hl6Lhl)) or sick leave [(Policy: 7 Sick Leave, No. 7)](https://ndusbpos.sharepoint.com/:w:/s/NDUSPoliciesandProcedures/EeHYoww18glDkkKlJv-4fYMB-V8rRgQRVZ7TZxCmWorMmw?e=CbhkUl) in advance of the accumulation thereof. If an employee terminates employment, any leave taken in advance of accumulation may be deducted from the employee's last paycheck provided the employee has signed an agreement authorizing the deduction.

Contact the Business Office, Vonda Berg, Payroll Specialist, at 701-228-5409 if you have questions.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | |  | | | | | |
| Leave Requested: | | | Annual Leave |  | Sick Leave |  |
| Reason: |  | | | | | | | |

I have reviewed and understand the SBHE Human Resource Policies referenced above. I understand if I terminate employment, I agree that any annual and/or sick leave taken in advance of accumulation may be deducted from my last paycheck.

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

**To be completed by Supervisor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Sick Leave balance | |  | Employee Annual Leave balance |  |
|  | |  |  |  |
| I approve leave as requested | |  | I do not approve leave as requested |  |
| Reason: |  | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Supervisor Signature Date

**To be completed by Campus Dean**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I approve leave as requested | |  | I do not approve leave as requested |  |
| Reason: |  | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Campus Dean Signature Date