

Administrative Leave Authorization Form

Employee Name: _____ Employee/Student ID: _____

Department: _____ Supervisor: _____

Timekeeper (if known): _____

Date you were first unable to work: _____

FULL TIME

Check all that apply.

Yes No

Available to work?

Telework available?

- If yes: _____ hours worked _____ hours not worked

On-site work required?

- If yes: _____ hours worked _____ hours not worked

Unable to work?

- Childcare (March 23-March 31)
- Childcare (April 1-present)
- Do not have 8 hours of telework available.
- Other: Please explain: _____

Not Approved Approved

Not Approved Approved

Supervisor

Department Head

Not Approved Approved

Not Approved Approved

Head of College or Division

Provost, Vice Chancellor or Equivalent

Not Approved Approved

Not Approved Approved

Cuba Plain
Interim CFO and VC Finance & Operations

Human Resources

Please send all requests to hrs@mst.edu and ashley.berry@mst.edu.