

Administrative Leave Authorization Form

Employee Name: _____ Employee/Student ID: _____

Department: _____ Supervisor: _____

Timekeeper (if known): _____

Date you were first unable to work: _____

PART TIME

Check all that apply.

Yes No

Available to work?

Are you able to meet on-site attendance requirements on short notice?

Telework available?

- If yes: _____ hours worked _____ hours not worked

On-site work required?

- If yes: _____ hours worked _____ hours not worked

Are you willing to be reassigned to a different position?

- If so, please list all current job duties:

Unable to work?

Childcare (March 23-March 31)

Childcare (April 1-present)

Do not have enough hours of telework available.

Other: Please explain: _____

How many hours do you work per week?: _____

What schedule do you currently work?

Variable Scheduled

- If scheduled, what is your normal schedule?:

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.