

## **ACTION FOR EASTERN MONTANA**

### **LEAVE WITHOUT PAY REQUEST**

---

Employee \_\_\_\_\_ Employee# \_\_\_\_\_ Date \_\_\_\_\_

NUMBERS OF HOURS (approximate) \_\_\_\_\_

DATE (s) OF LEAVE WITHOUT PAY HOURS \_\_\_\_\_

REASON FOR LEAVE WITHOUT PAY REQUEST \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Signature** \_\_\_\_\_

---

### **APPROVAL**

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_