



**SOUTH DAKOTA BOARD OF REGENTS  
ACADEMIC AFFAIRS FORMS**

**Request for Leave Without Pay  
in Excess of Three Months**

*(To access the Word version of this form, please click [here](#).)*

Use this form to request leave without pay in excess of three months. All employees contemplating leave without pay should contact their institution's personnel office to discuss employee benefit options.

<b>NAME:</b>	
<b>POSITION/TITLE:</b>	
<b>UNIVERSITY:</b>	
<b>DEPARTMENT:</b>	
<b>DATE:</b>	

**1. Employee Information:**

**Type of Employee (place an "X" in the appropriate box):**

☐ Faculty      ☐ CSA      ☐ Non-Faculty Exempt

In accordance with Administrative Rules of South Dakota (ARSD) 55:09:04:10, I am submitting my request for leave without pay in excess of three months for the period:

\_\_\_\_\_ to \_\_\_\_\_  
(month/day/year) (month/day/year)

**Provide a brief justification for the request (provide additional documentation as needed):**

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**Employee Signature**

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**Date**

- 2. University Approval** (Supervisor should attach proposal for covering duties of position during employee's absence. Additional statements may be attached as needed).

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**Supervisor**

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**Date**

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**Dean/Director**

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**Date**

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**Vice President**

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**Date**

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**President**

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**Date**

*Send this form and accompanying supporting documents to the Board of Regents Office after receiving the appropriate campus approval.*

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**Executive Director/CEO\***

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**Date**

*\*Unless otherwise specified, this request does not require formal consideration/action from the Board. Therefore, the approval process is complete upon final approval from the system Executive Director/CEO.*