

**NORTH DAKOTA STATE UNIVERSITY
FARGO, NORTH DAKOTA 58105**

LEAVE WITHOUT PAY (NDSU Policy 149)

THIS AGREEMENT, by and between NORTH DAKOTA STATE UNIVERSITY (“NDSU”), a state institution of higher education located at Fargo, North Dakota and _____ (“APPLICANT”), who is employed by North Dakota State University and whose current address is _____.

1. APPLICANT has submitted a proposal (copy attached) for leave without pay dated _____. The proposal includes the purpose of the leave.
2. APPLICANT'S proposal requests leave for the period from _____ to _____.
3. APPLICANT hereby agrees to provide written notification by _____, 200____, of employee's intent to return to NDSU or submit a written resignation (effective no later than the end of the leave period) by said date. Failure by APPLICANT, after a request by APPLICANT'S supervisor, to make an election to return or resign, shall be deemed a resignation pursuant to NDSU Policy 314.
4. APPLICANT understands that the University does not provide fringe benefits such as retirement contributions, disability coverage, workers compensation, etc., during a leave without pay. The APPLICANT may, however, pay the monthly health insurance premium to remain covered under the NDSU employee health insurance plan. APPLICANT should consult with the Benefits Coordinator in Human Resources to make appropriate arrangements.
5. NDSU hereby grants APPLICANT leave without pay for the period stated above, subject to the terms of this AGREEMENT and with the following changes, from the proposal, if any.

APPROVED as of this _____ day of _____, 200__.

By: _____ Date _____
Applicant

Date _____ Department Chair Provost/VPAA Date _____

Date _____ Dean/Director President Date _____