

Request for Additional Leave Accrual for External Staff Candidate

Questions about this form? Please call 701-231-8961

Date: _____

To: _____

From: _____

Re: _____

Department: _____

Position Title: _____

Candidate Name: _____

Candidates background (education/experience and how it relates to this position):

Amount of leave accrued at current/previous employer: _____

Request starting accrual of: (normal starting accrual is 12 days/year)

Select one of the following:

- 15 days per year
 18 days per year
 21 days per year
 24 days per year

For President's Use Only:

Request is (circle one): *Approved* *Denied*

Signature _____ Date _____

For questions, please contact:

Name: _____

Phone: _____

E-Mail: _____

Acknowledgement and support given by:

Department Head Signature _____ Date _____

Dean Signature (if applicable) _____ Date _____

Vice President Signature _____ Date _____

Provost Signature _____ Date _____