

**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 NDSU and whose current address is:

agrees to the following:

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       , 20     , 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       , 20     .

By:

 Applicant Date

 Department Chair Date

 Dean/Director Date

 Provost Date

 President Date