

Request for Unpaid Leave

This form should be filled out and turned in to your administrator. Once the form has been signed by the administrator, it will then be sent to the superintendent for final approval or denial.

Employee's First and Last Name: _____

Date or dates requested for Unpaid Leave: _____

Reason for request of Unpaid Leave: _____

Have you used all of your personal days prior to this request? If you have personal days remaining - you must use them prior to taking unpaid leave.

YES

NO

Employee Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Superintendent Signature: _____ **Date:** _____