



UNPAID LEAVE OF ABSENCE
FOR LESS THAN ONE YEAR
NSTU & SEIU

TO BE COMPLETED BY THE EMPLOYEE:

Name: _____ Employee #: _____

Address: _____ School/Site: _____

_____ Assignment/Position: _____

Home Phone: _____

Dates of Leave (inclusive): _____

Explanation of Circumstances for the Request: _____

Employee Signature Date Submitted

TO BE COMPLETED BY Principal:

RECOMMENDED NOT RECOMMENDED

Comments: _____

Principal Signature Date

APPROVED NOT APPROVED DOCUMENTATION COMPLETED:

Substitute (If Applicable): _____

Comments: _____

Principal Date

Director of Human Resources Date