



UNPAID LEAVE OF ABSENCE
FOR LESS THAN ONE YEAR

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 SUPERVISOR:

RECOMMENDED NOT RECOMMENDED

Comments: _____

Supervisor Signature _____ Date _____

APPROVED NOT APPROVED DOCUMENTATION COMPLETED:

Substitute (If Applicable): _____

Comments: _____

Coordinator of Operations _____ Date _____

Director of Human Resources _____ Date _____