



**SOUTH SHORE REGIONAL SCHOOL BOARD
ADMINISTRATIVE PROCEDURE # 783**

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UNPAID LEAVE OF ABSENCE FOR EMPLOYEES WITHOUT ENTITLEMENT FOR VACATION DAYS	Page 3 of 3

Name: _____ Personnel#: _____

Address: _____ School/Site: _____

Assignment/Position: _____

Home Phone: _____

Dates of Leave (Inclusive): _____

Explanation of Circumstances for the Request (must demonstrate extraordinary circumstances):

Substitute (if appropriate): _____

Lesson Plans/Instructions in Place: _____

Principals / Supervisors Comments:

Employee's Signature

Date Submitted

Principal's / Supervisor's Signature

Date Received

Director of Human Resources Signature

Date Received