



UNPAID LEAVE OF ABSENCE
FOR LESS THAN ONE YEAR
OPERATIONS

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**