



UNPAID LEAVE OF ABSENCE
FOR ONE YEAR
NSTU

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** **DOCUMENTATON COMPLETED:**

Substitute (If Applicable): _____

Comments: _____

Principal **Date**

Director of Human Resources **Date**