

# REQUEST FOR UNPAID LEAVE OF ABSENCE

## administration/non-union clerical

Name \_\_\_\_\_ Assignment \_\_\_\_\_ Date \_\_\_\_\_

I hereby request that I be granted an unpaid leave for the following date(s): \_\_\_\_\_

\_\_\_\_\_ for a total of \_\_\_\_\_ day(s).

Type of Leave:      \_\_\_\_\_ Military                      \_\_\_\_\_ Study – related to discipline or to meet  
                                 \_\_\_\_\_ Child Care                      eligibility requirements for other discipline  
                                 \_\_\_\_\_ Disability                      \_\_\_\_\_ Study, Research, Special Assignment involving  
                                 \_\_\_\_\_ Illness                              probable advantage to school

Facts pertinent to this request: \_\_\_\_\_

My signature below indicates that I am fully aware of all conditions listed above and that I do plan to return upon termination of this leave.

(Signature of Applicant)

APPROVAL RECOMMENDED:

Yes/No \_\_\_\_\_ Date \_\_\_\_\_

Asst. Superintendent

LEAVE OF ABSENCE APPROVED BY: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent of Schools

DISTRIBUTION: Applicant - Asst. Supt. - Payroll - Personnel File