

Support Staff Unpaid Leave Request Form

I am requesting an unpaid for the following date(s):

Article 16, Section C:

“Leaves of absence of thirty (30) days or less will be requested in writing to the Superintendent at least ten (10) working days in advance, if possible, and the Superintendent will notify the employee in writing of approval or denial within five (5) working days of the request. The denial of such leaves is not subject to the grievance procedure.”

Employee Name: _____

Reason for Unpaid Leave: _____

If paid leave is available, please explain why you are requesting unpaid leave:

Employee Signature

Date

Unpaid Request Approved

Unpaid Request Not Approved

Superintendent Signature

Date