

KUSPUK SCHOOL DISTRICT

Leave Without Pay Tracking Form

for leave without pay of 10 consecutive days or more



Date: _____

Employee Name: _____

Type of Leave Without Pay: (select one)

- _____ Family and Medical Leave
- _____ Court Leave
- _____ Military Leave
- _____ Administrative Leave (if without pay)
- _____ Other – attach letter

Anticipated Start Date of Leave: _____

Anticipated End Date of Leave: _____

Will a note from a medical provider be submitted before the leave? _____

Comments: _____

Signatures:

_____	Supervisor	_____	Date	_____	Superintendent	_____	Date
_____	Business Manager	_____	Date	_____	Employee	_____	Date

*****Business Office Use*****

Termination of Health Benefits Date (if applicable): _____

PERS/TRS LWOP Date (if applicable): _____
If leave is extended, attach supporting documentation