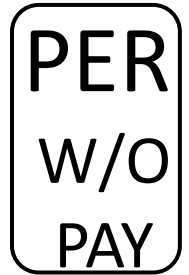


ARCANUM-BUTLER LOCAL SCHOOLS  
Personal Leave Request Form Without Pay



Name \_\_\_\_\_

School \_\_\_\_\_ Assignment \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Have immediate supervisor sign original form and send to Superintendent's office for approval/disapproval. Copies will be made and sent to the Treasurer, Applicant, Principal/Supervisor, etc.**

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Principal/Supervisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Superintendent*

\_\_\_\_\_  
*Date*

This absence is  **approved without pay;**  **not approved.**

*Reason, if not approved:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This form must be approved by the Superintendent of Schools prior to absence from assignment.**