

# REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

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**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

After having read the Alexander County Board of Education's policies regarding temporary disability and leaves of absence, I would like to request approval of a leave of absence without pay from my employment with the Alexander County Schools. I would like for this leave of absence to begin on \_\_\_\_\_ and continue through \_\_\_\_\_.

I am requesting this Leave of Absence for the following reason:

- \_\_\_\_\_ Personal illness in excess of sick leave
- \_\_\_\_\_ Maternity Leave
- \_\_\_\_\_ Family Leave
- \_\_\_\_\_ Illness in immediate family
- \_\_\_\_\_ Educational leave or special work
- \_\_\_\_\_ Military duty
- \_\_\_\_\_ Other (explain)

Additional comments or explanation: \_\_\_\_\_  
\_\_\_\_\_

*I agree to furnish statements from doctors and/or other verifying documents which may be required regarding this request.*

**Employee please initial:**

\_\_\_\_\_ I want to continue my health insurance during my leave, and I understand that I will have to pay for the insurance during the period that I am on leave.

I agree to furnish statements from doctors and/or other verifying documents which may be required regarding this request.

\_\_\_\_\_  
**Supervisor Approval**

\_\_\_\_\_  
**HR Approval**

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

\_\_\_\_\_  
**Signature of Employee**

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

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**School or Department**