



Request for Unpaid Time Off

Employee Information:

Name: _____	Last 4 Digits of SS Number: _____
Assignment: _____	
Building: _____	Supervisor: _____
Reason for Request: _____	

Requested Unpaid Time:

Enter the date and number of hours for the para class for which you are requesting unpaid time.

Date(s)	Teacher, Clerical, Custodial or Non-Affiliated	Para Class 2	Para Class 3	Para Class 4	Para Class 5	Para Class 6	Para Class 7
1/1/21			2 hrs			6 hrs	

Employee Signature: _____	Date: _____
Supervisor Approval: Signature: _____	Date: _____

For HR/Payroll Use Only:

Total Docked Hours:	
Payrate of Docked Hours:	
Total Dock Amount:	
Paycheck Date of Docked Hours:	