

**CRAVEN COUNTY SCHOOLS
REQUEST FOR LEAVE WITHOUT PAY**

Name _____ Date of Request _____

Last 5 Digits of Social Security Number _____

Telephone Number (Home) _____

Home Address _____

School/Department _____ Position _____

Employee Information

I am requesting to use leave without pay for the following length of time:

Date Leave Should Begin

Date of Return to Work

Reason for Request _____

Does Principal Support Request:

☐

YES

☐

NO

If no, please give a brief statement as to why you do not support the request:

IMPORTANT INFORMATION

This request is in accordance with Craven County Board of Education Policy Code 7510 J – Discretionary Leave of Absence Without Pay.

I understand that if I go off payroll, I am responsible for all miscellaneous deductions made through payroll deduction, including such items as health, dental and cancer insurance, loan payments, etc. I will make arrangements with the Business Office to maintain coverage and forward payments.

Employee's Signature

Date

Human Resources

Date

Principal's Signature

Date

☐

Approved

☐

Denied