

Unpaid Employee Leave Request

Employee Requesting Leave: _____

Date(s) of Absence(s): _____ Number of Days: _____

***Unpaid leave requires reason.**

All personal leave must be used first & administrator pre-approval is required. *

Stated Reason for Request:

Substitute Requirements:

Substitute Needed? (Please check the appropriate box)

YES

NO

Time Needed? _____AM/PM to _____AM/PM

Name of Substitute: _____

List any special duties that the substitute should know about
(Playground supervision; lunchroom supervision; activities; AM or PM duties?)

Employee Signature _____ Date: _____

Administrator Signature: _____ Approved: YES NO

Superintendent Signature: _____ Approved: YES NO