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