

RED HOOK CENTRAL SCHOOL DISTRICT

This form may be used to request LEAVE WITHOUT PAY. Request for leave without pay in excess of one week must also be approved by the Superintendent or the Board of Education. (see note below). A written request for such extended leave should be sent to the Superintendent, also.

To:

From:

Date:

RE: Request for Leave Without Pay

I hereby request a leave without pay for the period

_____, _____ to
(Day of Week) (Date)

_____, _____ .
(Day of Week) (Date)

My reason(s) for requesting this leave is (are) as follows:

I understand such leave is not automatically available but can be granted for extenuating circumstances. I also understand if I make travel arrangements in advance of approval, I may have to cancel such arrangements if my request is denied.

(Signature)

Please note: Approval for occasional leave without pay is granted by the Building Administrator. Request for a leave in excess of five (5) days requires approval of the Superintendent. Request for leave in excess of three (3) weeks requires approval of the Board of Education.

Upon approval or disapproval, a copy of this form will be returned to the originator. If approved, the originator must remember to arrange for a substitute, if needed.

Circle one: Approved Disapproved

(Principal)

