



REQUEST FOR UNPAID LEAVE OF ABSENCE DAY

Permission for approval of an unpaid leave of absence day, beyond those days contractually provided, must be requested from the Superintendent. Any such additional personal leave granted at the discretion of the Superintendent shall be with the corresponding pay deduction.

NAME:	ASSIGNMENT:
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Mackay
 Maugham
 Smith
 Stillman
 Middle School
 High School
 Central Office

Additional Date(s) Requested:	
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Please provide details regarding your unpaid leave of absence day [attach additional paper if necessary]:

I hereby certify the following:

I am aware of the corresponding payroll deduction that will be made from the next payroll cycle.

EMPLOYEE SIGNATURE:	DATE:
PRINCIPAL/SUPERVISOR SIGNATURE:	DATE:

SUPERINTENDENT REVIEW

Comments: _____

Approved w/Corresponding Payroll Deduction
 Denied

SUPERINTENDENT SIGNATURE: _____ **DATE:** _____