

Easton Area School District
REQUEST FOR DAY WITHOUT PAY (all employees)

Printed Name: _____

Building: _____

Position _____

I HEREBY REQUEST DAY(S) WITHOUT PAY ON THE FOLLOWING DATE(S):

TOTAL NUMBER OF DAYS REQUESTED WITHOUT PAY _____

REASON FOR REQUEST: (Please be specific and attach documentation)

Contractual Notes:

Paraprofessionals: Four days without pay per contract year may be granted by the Human Resources Office. Notification of such days must be in writing no less than 48 hours prior to any such leave. Failure to meet the 48 hour requirement will result in denial of such leave. The use of more than 4 days without pay may result in termination.

Custodians: Will be required to provide a doctor's note for sick days that fall in the category of a day without pay. If the day without pay is not for illness, the employee must request the day in writing to the Supervisor of Building /Grounds one week prior to the day without pay.

I acknowledge that the Board must approve a request for days without pay for the duration of more than five (5) days.

Signature of Employee

Date

Signature of Principal/Supervisor (Required)

Date

Please forward this form to Human Resources 1801 Bushkill Drive, Easton, PA 18040

Approved: _____

Denied : _____

Reason of Denial: _____

Signature of Director of Human Resources

Date

cc: Employee
 Building Principal
 Payroll
 file