



Policy 339 – Uncompensated Leave Request Form

All requests for uncompensated leave require school board approval upon the recommendation of the superintendent. All request forms must be received in the superintendent's office at least one week prior to the school board meeting.

EMPLOYEE SECTION

Form Completion Date: _____ Building(s): _____ Position: _____

Employee's Full Name: _____

For what date(s) are you requesting uncompensated leave? _____

Reason for Your Request (required): _____

By signing below, I acknowledge that I have read and understand PASD Policy 339. I understand that approval of a similar/previous request does not automatically mean that all subsequent requests will be approved. I understand that there is no appeal process regarding this request.

Employee Signature: _____ Date: _____

Employee: After completing the top part of this form, please give the form to your principal/supervisor.

PRINCIPAL/SUPERVISOR SECTION

Principal/Supervisor Recommendation to the Superintendent: _____ Approve _____ Deny

Comments (optional): _____

Principal/Supervisor's Signature: _____ Date: _____

Principal/Supervisor: After completing this section, please forward the form to the Superintendent's Confidential Secretary.

Date forwarded to the Superintendent's Confidential Secretary: _____

SUPERINTENDENT SECTION

Superintendent's Action: _____ Approve (Refer this form to the Board for final approval at the next voting meeting.)
_____ Deny (Return this completed form to the employee. Board action is not required.)

Comments (optional): _____

Superintendent's Signature: _____ Date: _____