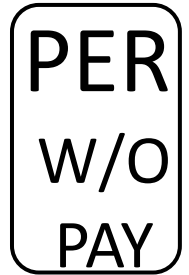


ARCANUM-BUTLER LOCAL SCHOOLS
Personal Leave Request Form Without Pay



Name _____

School _____ Assignment _____

Date(s) Requested _____

Reason _____

****Have immediate supervisor sign original form and send to Superintendent's office for approval/disapproval. Copies will be made and sent to the Treasurer, Applicant, Principal/Supervisor, etc.**

Employee's Signature

Date

Signature of Principal/Supervisor

Date

Signature of Superintendent

Date

This absence is **approved without pay;** **not approved.**

Reason, if not approved: _____

This form must be approved by the Superintendent of Schools prior to absence from assignment.