



DISCRETIONARY UNPAID LEAVE REQUEST FORM

This form should be completed by the employee and given to their immediate supervisor. The immediate supervisor will review and sign and forward to the Human Resources Department for final approval.

Per Board Policy 4252, there is a maximum of 5 workdays that can be taken for a Discretionary Unpaid Leave Request.

Note: The employee should only fill out Section I. The reason for requesting unpaid leave must be specific.

Section I – EMPLOYEE TO COMPLETE – Request Information	
Name: _____	Building/Department: _____
Today's Date: _____	Leave Dates: _____
<u>Specific Reason for Request:</u> 	
I understand that in accordance with Board Policy 4252, following approval of such a leave, I will not be eligible to use this type of unpaid leave for two (2) school years. I understand that all days requested (<u>maximum of five (5) workdays</u>) will be <u>unpaid</u>. I understand if any changes are made to my leave, I am responsible to notify my supervisor and the Human Resources Department of those changes.	
Employee's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____

Section II – HR DEPARTMENT TO COMPLETE – Criteria Checklist	Yes	No
1. Appropriate number of days (<i>not to exceed 5 workdays</i>)		
2. Without cost to the District		
3. Approval of immediate supervisor		
4. Submitted by the tenth workday of the school semester (<i>time permitting</i>)*		
5. More than five (5) workdays prior to/following opening/closing of any school year*		
6. Does not involve the first of last five (5) workdays of a semester*		

*May be waived if there are extenuating circumstances are noted

Please note, in accordance with Board Policy 4252, following the approval of such leave, employee will not be eligible to use this type of unpaid leave again for two (2) years.

Approved: _____ Date _____
Human Resource Designee

Denied: _____ Date _____
Human Resource Designee

Denial Reason: _____

cc: Payroll/Business Services Department
Supervisor
Employee