



NORTH CLACKAMAS SCHOOL DISTRICT 12
Human Resources Department

REQUEST FOR LEAVE WITHOUT PAY

A planned unpaid leave request must be submitted 30 calendar days in advance, with the exception of Emergencies.

Name _____ Employee ID _____

Work Site _____

Short Term (10 or less consecutive work days)

Illness/Accident (beyond sick leave)
Business/Emergency (describe in REASON section)

Long Term

Health
Parental/Family
Career Development – Licensed Only (describe in REASON section)
Other (describe in REASON section)

From _____ through _____
Date Date # Days – Hours

REASON _____

Employee Signature _____ Date _____

**An employee must be in a paid status for one of the first five (5) working days of the month, or on approved OFLA/FMLA leave, in order to be eligible for the District’s monthly insurance contribution. If the employee is in an unpaid status for the first five (5) working days of the month, and not on an approved OFLA/FMLA leave, district benefits for that month will be at the employee’s expense should he/she wish to continue health insurance.

Substitute not required Substitute required: time needed _____ to _____
Substitute Name _____

Confirmed Yes _____ No _____

Principal/Unit Manager Signature _____ Date _____

DISTRICT ACTION

____ Approved ____ Not approved Comments: _____

HR Administrator Signature _____ Date _____

APPEAL

____ Approved ____ Not approved
Superintendent Signature _____ Date _____