

UNPAID LEAVE OF ABSENCE REQUEST FORM

Instructions & Information:

- Supervisors need to sign as acknowledgement of the leave request, however **ONLY** the Human Resources administrator may authorize the use of unpaid leave
- The district may grant unpaid leave on case-by-case basis. The criteria used is a once in a lifetime event than cannot be scheduled during the regularly planned school year breaks
- If you need to verify your leave balances, please contact [Michelle Williams](#)
- If unpaid time is for medical reasons, your request must be accompanied by a note from your physician

Purchasing trip-related expenses with the assumption that leave will be approved does not guarantee approval. Any associated costs of denied requests are the sole responsibility of the staff member making the purchases.

Submit completed form to your Human Resources Specialist for review. An approval or denial notification will be returned to you and your supervisor.

Name: _____ Today's Date: _____

Position: _____ Location: _____

Duration of Leave From: _____ To: _____

Current Personal Leave Balance: _____

Detailed Reason for Request *(additional pages may be attached):*

Employee Signature: _____ Date: _____

Supervisor
Acknowledgement: _____ Date: _____

HR Services Administrator: _____ Date: _____

☐ Approved ☐ Denied Letter Issued _____