Marple Newtown School District
Office of Human Resources
40 Media Line Road, Suite 211
Newtown Square, PA 19073
Main: 610-359-4361 • Fax: 610-356-8947

Leave Without Pay Request Form

Employee Name Printed: _____

Employee's School/Department: _____

Employee's Position: _____

Date(s) of Absence(s): _____
Full day(s) ◯ Half-day ◯

I am requesting approval of the above noted Leave Without Pay day(s) for the following reason:

☐ Personal illness in excess of granted sick leave allotments.

☐ Prior approved Family Medical Leave status in excess of granted sick leave allotments.

☐ Other: Requires an explanation detailing the absence(s) and includes documentation, if appropriate, applicable, and/or available.

_____

_____

_____

Employee Signature: _____

Today's Date: _____

Immediate Supervisor's Signature: _____

HR Department Representative Signature: _____

Date Received: _____

Return completed form to the Human Resources Office