

# Classified Request for leave without pay

## UNPAID LEAVES – (Less than 30 days)

I request leave without pay for the following period per Article 9, Section C of the SFCE Bargaining Agreement.

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

The leave is for the following reason:

- Maternity/Parental outside of FMLA/OFLA
- FMLA/OFLA leave only (Contact HR)
- Military leave
- Other: \_\_\_\_\_

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Name: \_\_\_\_\_ Building: \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Principal/Supervisor \_\_\_\_\_ Date

- Approved
- Denied Reason: \_\_\_\_\_