

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.

Dates Requested: _____	☐ Full Day	If less than a full day, HRS: _____
_____	☐ Full Day	If less than a full day, HRS: _____
_____	☐ Full Day	If less than a full day, HRS: _____
_____	☐ Full Day	If less than a full day, HRS: _____
_____	☐ Full Day	If less than a full day, HRS: _____

The leave is for the following reason:

- ☐ Maternity/Parental outside of FMLA/OFLA
- ☐ FMLA/OFLA leave only (Contact HR)
- ☐ Military leave
- ☐ Other (Please explain): _____

Name: _____

Building: _____

Signature

Date

Principal/Supervisor

Date

☐ Approved

☐ Denied Reason: _____