

LEAVE WITHOUT PAY REQUEST
ALL EMPLOYEES

I wish to take the day(s) listed below as deduct time. I understand this time will be taken with full loss of pay. I understand that submission of this request does NOT guarantee approval.

Employee's printed name: _____ Date: _____

Date(s) to be taken: _____

From: _____ AM/PM To: _____ AM/PM Total Hours: _____

Need to hire a substitute? Yes _____ No _____

Need a copy for your records? Yes _____ No _____
(No copy will be provided unless indicated.)

EMPLOYEE SIGNATURE: _____ Date: _____

Approved by Supervisor/Principal: _____ Date: _____

Approved by Superintendent: _____ Date: _____

Recorded in Business Office: _____ Date: _____

Revised 07/2009