

Classified Request for leave without pay

UNPAID LEAVES – (Less than 30 days)

I request leave without pay for the following period:

Start date: _____ End date: _____

The leave is for the following reason:

- Maternity/Parental
 Family Leave
 Military leave
 Other: _____
-

Name: _____ Building: _____

Signature _____ Date

Principal _____ Date

- Approved
 Denied Reason: _____