



# Northwest Regional Education Service District

## Advance Request for Unpaid Leave

This form is to be completed to request the use of Unpaid Leave. Unpaid Leave Requests are granted at the discretion of the Superintendent or designee. Please review the information regarding the provisions of Unpaid Leaves in the Collective Bargaining Agreement for your association. ([NWEA - Article 9](#) or [OSEA - Article 14](#))

### Employee Information:

EE ID#:

Name:

FTE:

Select one:

Licensed

Classified

Administrator

Confidential

Position:

Supervisor:

### I am requesting the following unpaid leave:

Dates:

Total number of hours:

Please select the reason for this Unpaid Leave Request:

Professional Study

Personal

Medical (after FMLA/OFLA and/or sick leave is exhausted)

Other

Please provide the details of your request:

By submitting this form, I acknowledge that I have reviewed the contractual provisions covering an Unpaid Leave of Absence and confirm that this request is within those provisions. To submit, please type your name below and press the submit button in the top right corner.

Signature:

Date:

### For Human Resources Use Only:

Additional leave to be used in conjunction with unpaid leave (if applicable):

Hours of **Personal Leave** available:

Hours of **Vacation Leave** available:

Your request for Unpaid Leave has been:

Approved

Not Approved