

**Unpaid Leave Request Form**

Unpaid Leave is granted at the discretion of the Superintendent or designee.

For additional information regarding the contractual provisions covering Unpaid Leaves, please review the information in the appropriate collective bargaining agreement.

NWEA (licensed staff) – Article 9

OSEA (classified and Classified/licensed staff) – Article 14

**TO REQUEST UNPAID LEAVE**

To request unpaid leave, please complete the Unpaid Leave Request Form and forward it to your supervisor.

Employee ID: **Click here to enter text.** Employee Name: **Click here to enter text.**

Supervisor: **Choose an item**. Date(s) of Requested Leave: **Click here to enter text.**

Total Hours: **Click here to enter text.** Type of Leave Requested: Choose an item.

Please provide specific details relating to your request: **Click here to enter text**.

**I have reviewed the contractual provisions covering leaves in my Collective Bargaining Agreement and I confirm that this request is within those provisions.**

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Employee’s Signature Date

**Supervisor’s Signature**

The above request is:  Approved  Denied

Additional information for the employee:

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Supervisor’s Signature Date

**Superintendent’s Signature**

The above request is:  Approved  Denied

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Superintendent’s Signature Date