



Application for Short-Term Absence WITHOUT PAY

Fifteen (15) Working Days or Less

Employee's Name: _____

Social Security #: ____ / ____ / ____

School or Department: _____

Office Phone #: _____

Proposed date(s) of absence from work WITHOUT PAY:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reason/s for needing to be off work:

Employee's Signature: _____

Date: _____

APPROVALS:

* Principal or Supervisor: _____

Date: _____

Assistant Superintendent: _____

Date: _____

*The principal or supervisor can approve the first three days leave without pay each contract year.