



REQUEST FOR NO-PAY DAY(S)
(Staff other than teachers)

Employee Name: _____ Employee No.: _____

Primary Location: _____ I am requesting _____ **hours or days** of unpaid leave.

I am aware this absence may affect future claims for retirement and possibly other benefits.

Date(s) requesting unpaid leave: _____

Reason for request: _____

Employee's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Asst. Supt./ Human Resources: _____ Date: _____

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P-3C
rev 3/2012



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