



## Request for Unpaid Leave or Extension of Holiday

Employee Name: \_\_\_\_\_

Date	Number of Hours	Unpaid Leave	Extension Of Holiday

Work Location: \_\_\_\_\_

Position: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor/Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

Approved     Denied