



North Schuylkill School District

REQUEST FOR LEAVE WITHOUT PAY

Name _____
(PLEASE PRINT)

Date(s) of Requested Leave _____

Reason for Leave: _____

(Signature of Person Requesting Leave) (Date)

(Signature of Building Principal or Immediate Supervisor) (Date)

**SUBMIT TO THE SUPERINTENDENT'S OFFICE
PRIOR TO THE DATE REQUESTED**

Note to Applicant: Leave without Pay must be verified and requests for four (4) days or more will be submitted to the North Schuylkill School District Board of Education for final approval.

Absence Status Report must be attached for verification of days remaining.

Approved _____
(Superintendent)

Date _____

FOR OFFICE USE ONLY:

- Copy to: Payroll
 Applicant
 Building Principal/Immediate Supervisor