

# PERSONAL / UNPAID LEAVE REQUEST

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

Position:  
Custodial    Food Service    Para    Secretary    Teacher

Other: \_\_\_\_\_

Building:  
DES    LES    SES    TJMS    PWHS    DO

Other: \_\_\_\_\_

Leave date(s) requested: \_\_\_\_\_

Personal    Unpaid  
Full day    Half day ( AM PM)

\_\_\_\_\_

Staff member signature

\_\_\_\_\_

Date

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Approved    Not approved

\_\_\_\_\_

Principal signature

\_\_\_\_\_

Date

\_\_\_\_\_

Supervisor signature

\_\_\_\_\_

Date