



DOVER AREA
SCHOOL DISTRICT

Request for Unpaid Leave Form - SUPPORT Staff; Policy #339.2: Uncompensated Leave

All employees requesting unpaid leave time must first receive approval from their immediate supervisor prior to leave when possible. This form must be completed in its entirety, including supervisor's signature and then forwarded to the Business Office for processing. Unpaid leave time should be limited to unforeseen circumstances outside of your control and only after all paid leave has been exhausted.

Today's Date: _____ **Name of Employee:** _____

Building: _____ **Position:** _____

of scheduled hours worked per day: _____

of UNPAID hours taken to date prior to requested absence: _____

Date(s) of Absence(s) Request: _____

of PAID Hours will be used: _____ **# of UNPAID Hours requested:** _____

Reason for Absence:

(The District reserves the right to request documentation for any medical absence.)

- Sick/Illness - Submitted after the absence occurred
- Scheduled Medical Absence - Submitted before the absence occurred
- Vacation - Submitted before the absence occurred

Comments: _____

- Other Please state: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Approved to move forward Comments: _____

Denied Reason: _____

Action taken by Human Resources, Superintendent or School Board concerning request:

Approved Denied Reason: _____

Signature

Date

Sick and Scheduled Medical Absence - reviewed/approved by Human Resources; Vacation and Other - 2 unpaid days may be taken with Superintendent's approval

Any request of 3 or more consecutive unpaid days will be submitted for School Board approval