



**OAKRIDGE PUBLIC SCHOOLS  
UNPAID LEAVE OF ABSENCE REQUEST**

EMPLOYEE NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

DAYS/DATE REQUESTED: \_\_\_\_\_

REASON FOR REQUEST\*: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**Supervisor's Recommendation**

Approve

Denied

Supervisor's Rationale: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Superintendent/Designee Decision**

Approved

Denied

\_\_\_\_\_  
Superintendent/Designee Signature

\_\_\_\_\_  
Date

Please forward all three copies to the Administration Office for review. Thereafter, copies will be returned to the Supervisor and Employee.

\* Please refer to Collective Bargaining Agreements for language referring to Unpaid Leaves of Absence.

White: Personnel  
Yellow: Payroll  
Pink: Supervisor  
Gold: Employee

cdi/ Unpaid Leave of Absence  
05/05/03