



# 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 \_\_\_\_\_

- Copy to:  Payroll  
 Applicant  
 Building Principal/Immediate Supervisor