

Parsippany-Troy Hills Township Schools



UNPAID LEAVE REQUEST FORM

EMPLOYEES REQUESTING TO TAKE AN UNPAID LEAVE OF ABSENCE **MUST SUBMIT A WRITTEN REASON ON THE LINES BELOW** TO THE ASSISTANT SUPERINTENDENT OF HUMAN RESOURCES. THE REQUEST SHOULD BE SUBMITTED AS SOON AS POSSIBLE PRIOR TO THE UNPAID LEAVE.

EMPLOYEE: _____

REASON:

(continue on back if necessary)

START DATE OF UNPAID LEAVE: _____

END DATE OF UNPAID LEAVE: _____

PRINCIPAL/SUPERVISOR SIGNATURE

DATE

Approved Denied

HUMAN RESOURCES SIGNATURE

DATE

Approved Denied

(attach any paperwork necessary for approval)

*****A copy of this form will be placed in Employee's personnel file***