Leave Without Pay Request Procedures


2. Written explanation stating the specific reason for needing the days that will be Leave Without Pay must be requested prior to days taken.

3. Secure signature of the principal or supervisor.

4. Submit Leave Form and a written explanation to the Superintendent’s office. Requests for Leave Without Pay shall be submitted to the Superintendent or his/her designee (Director of Human Resources), in writing, at least fifteen (15) days prior to the effective date of the leave.

5. The Human Resources Department will provide a copy of the approved or denied Request for Leave Without Pay Form to the Principal.

***BPSB Policy GBRIA – Leave Without Pay***
REQUEST FOR LEAVE WITHOUT PAY

Directions: Return form to Human Resources.

Name: ________________________________________________________________BPSB Employee ID Number: _____________

Address: _____________________________________________________________Work Phone: _____________ Home No. _____________ Cell No. _____________

Street

City State Zip

Email: _______________________________________________________________

Job Title: ____________________________________________________________Job Location: ________________________________

Number of Days Requested __________

Please refer to the BPSB Policy, GBRIJ – LEAVE WITHOUT PAY – for specific procedures guidelines, details.

Please attached a detailed written explanation indicating specific reasons of the need for the Leave Without Pay.

Requested Dates for Leave Without Pay:

Begin On: ___________________________________________ End On: ___________________________________________

Month Day Year Month Day Year

Signature of Applicant ___________________________ Date _____________ Signature of Principal or Supervisor Approving ___________________________ Date _____________

Signature of Superintendent ___________________________ Date _____________