

West Geauga Local School District

REQUEST FOR NON-PAID LEAVE

OFFICE OF THE SUPERINTENDENT

(Employee Name)

OFFICE COPY(____)

(Position)

EMPLOYEE (____)
COPY .

(Today's Date)

I request permission to have from _____ to
MONTH DAY YEAR

_____ off from work **WITHOUT PAY**
MONTH DAY YEAR

for a total of _____ days.

REASON: _____

(Employee Signature)

NOTE: 1) Leave of five (5) days or more must be approved by the Board of Education at a public meeting.

2) Notice of five (5) days or more must be given one (1) month in advance of requested leave.

APPROVED (____)

DISAPPROVED (____)

(Superintendent Signature)

(Date)