

# LEAVE WITHOUT PAY REQUEST

## ALEXANDER CITY BOARD OF EDUCATION

Alexander City, Alabama

Board policy requires that any employee absence of more than three days without sufficient leave or being covered under FMLA must be submitted to the board for approval.

To: Superintendent

From: \_\_\_\_\_

Subject: LEAVE OF ABSENCE WITHOUT PAY

Date: \_\_\_\_\_

School: \_\_\_\_\_

I hereby request a leave of absence without pay from my official duties:

Date leave to begin: \_\_\_\_\_

Date of return to duties: \_\_\_\_\_

Please provide detailed reason for request for leave without pay and attach any pertinent documentation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_