

BUCKEYE LOCAL SCHOOL DISTRICT

APPLICATION FOR UNPAID LEAVE

Employee _____ Soc. Security # _____

Job Location _____ Date _____

An employee with contractual obligations has no right to expect that he/she can not report to work as scheduled. Unpaid leave of absences are discouraged and will only be considered for approval by the Superintendent in RARE AND IRREGULAR INSTANCES as determined by the Superintendent.

In making application for an UNPAID LEAVE, I, the undersigned, understand that if approved by the Superintendent, such leave will be calculated to include deduction of my daily rate of pay and one-twentieth (1/20) of the monthly premium of the Board paid hospitalization, major medical, dental and life insurance for each unpaid day of absence.
(Effective 1-1-87)

I HEREBY WISH TO MAKE APPLICATION FOR UNPAID LEAVE:

A. Dates of Absence: _____

B. Reason for Absence: _____

Signature of Employee

Signature of Building Principal
or Supervisor

Date Received at Superintendent's Office _____

Received by: _____

APPROVED

NOT APPROVED

OF DAYS TO BE DEDUCTED

Signature of Superintendent

Payroll Department:

Deducted Salary

Deducted hospitalization, major medical, dental and life