



425 YOCTANGEE PKWY
CHILLICOTHE, OH 45601
740-775-4250

APPLICATION FOR SHORT-TERM LEAVE WITHOUT PAY

(Submit in Duplicate)

****ALL UNPAID LEAVE SHALL BE PRESENTED TO THE BOARD OF EDUCATION****

Date: _____

Employee Name (Printed): _____

Date(s) of requested leave: _____

Reason for requested leave not covered by Personal Responsibility Leave:

Employee Signature: _____ Date: _____

Approval – Administrator Signature: _____ Date: _____

Approval – Superintendent Signature: _____ Date: _____

Denial - Superintendent Signature: _____ Date: _____

Reason for Denial:
