



**REQUEST FOR APPROVAL OF PERSONAL LEAVE EXCEPTIONS OR UNPAID TIME OFF**

*This form is used to request approval of exceptions to personal leave/unpaid time:*

1. On the last day before or the first day after a holiday/break (winter, spring, fall); or
2. During the first or last five student contact days; or
3. For unpaid days in excess of personal days allotted

**Employee Name:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Please indicate the date(s) you are requesting and circle if you need a half day or full day:**

Date Requested for Leave _____	Half Day AM	Half Day PM	Full Day
Date Requested for Leave _____	Half Day AM	Half Day PM	Full Day
Date Requested for Leave _____	Half Day AM	Half Day PM	Full Day
Date Requested for Leave _____	Half Day AM	Half Day PM	Full Day
Date Requested for Leave _____	Half Day AM	Half Day PM	Full Day

**Reason for Leave Request (use additional paper if needed)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you requested an exception to the leave policy in the past?**

YES NO If yes, what date(s)? \_\_\_\_\_

*I acknowledge that filling out this form and making this request does not guarantee leave will be approved.  
A copy of this form will be returned to the employee with final determination:*

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor Notified:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Supervisor Signature is for notification purposes only and does not qualify as approval of this request*

**To Be Completed By HR:**

**This leave has been:**

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Partially Approved:** \_\_\_\_\_

**Additional comments:** \_\_\_\_\_

**HR Acknowledgement:** \_\_\_\_\_ **Date:** \_\_\_\_\_