



## **LEAVE WITHOUT PAY REQUEST FORM**

### **Administrators Association**

***This form should be used to make all requests for leave without pay under the 'Leave Without Pay' language referenced from the bargaining agreement (see below).***

"Upon application, in writing, by an employee to the Executive Officer and upon his recommendation, the Executive Officer for leaves less than 30 days in duration or the Board for leaves of 30 days or more may grant leave without pay for a period not to exceed two years for such purposes as the Board, in its sole discretion, may determine to be appropriate. A request for leave pursuant to this Section must be submitted to the Executive Officer not less than 60 days prior to the date such leave is requested to commence, except in an emergency."

(Please note that Executive Officer refers to the District Superintendent of Questar III BOCES)

**Name of employee requesting leave without pay:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Requested Date(s) of Leave:** \_\_\_\_\_

Reason for Request – (Please provide as much detail as possible. Failure to provide appropriate detail may result in delaying the review and / or approval of the request.)

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

**Administrative Use Only:**

Recommendation for Approval:

Signature of Supervisor: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature of Director of HR: \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

District Superintendent Review: \_\_\_\_\_ Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Signature of District Superintendent: \_\_\_\_\_