

**BAY-ARENAC ISD  
REQUEST FOR UNPAID LEAVE**

**INSTRUCTIONS:** This request form shall be completed prior to an unpaid absence unless the absence is an emergency that would necessitate the absence. If the absence is an emergency, it will be completed upon return from the leave with documentation to support the necessity for the leave.

Submission of a request for unpaid leave shall not be considered approval for the leave unless signed by the supervisor, director and the superintendent/designee. Provisions of each bargaining unit agreement shall determine whether the request is considered by the Board before the form is signed by the administration.

Per the individual bargaining agreement or policy, paid time such as personal days, vacation days, etc. shall be used prior to the granting of unpaid days.

Name \_\_\_\_\_ Date \_\_\_\_\_

Number Days Requested \_\_\_\_\_ Date(s) \_\_\_\_\_

Number of unpaid days used in current school year prior to this request \_\_\_\_\_

Purpose for prior unpaid days \_\_\_\_\_  
\_\_\_\_\_

Number of paid leave days remaining in my accrual: \_\_\_\_\_

Purpose for Request \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

All requests for unpaid days shall be forwarded to the Superintendent for final approval.

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

Approval (Y) (N)