

Apple Creek School
2000 93rd Street SE
Bismarck, ND 58504

REQUEST FOR UNPAID LEAVE OF ABSENCE

Date: _____ Employee ID#: _____

Employee Name: _____

Address: _____

Home Phone #: _____

Position: _____

I hereby request an unpaid leave of absence effective _____
through _____.

I hereby request an unpaid leave of absence on _____.

I understand that I am voluntarily requesting this unpaid leave. **I understand that I will not be paid and my pension contribution will not be paid during the term of my unpaid leave.** I understand that I am ineligible to file for or receive unemployment benefits for the term of my unpaid leave of absence.

Employee Signature Date

UPON COMPLETION OF THIS REQUEST FORM, PLEASE RETURN IT TO THE PRINCIPAL OF APPLE CREEK SCHOOL FOR APPROVAL BY THE SCHOOL BOARD.

Approved: _____

Request Declined: _____

School Board Member Date

Principal Date