

Apple Creek School  
2000 93<sup>rd</sup> 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