

WASHINGTON TOWNSHIP PUBLIC SCHOOLS

PERSONAL ABSENCE WITHOUT PAY REQUEST FORM  
WTSSSPA (10-MONTH PERSONNEL ONLY)

Type or Print - Use Ball Point Pen and Press Firmly.

This form is only to be used by 10-month WTSSSPA members who seek Superintendent approval to take a one-time only unpaid absence for no more than 5 consecutive school days. This request must be submitted before SEPTEMBER 15 to be considered, except in extenuating circumstances (winning a trip does NOT qualify as "extenuating circumstances"). Approval will be granted to only 2 employees for the same dates.

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_ Status: PT \_\_ FT \_\_

Date(s) Requested: \_\_\_\_\_ AM \_\_ PM \_\_ Full Day \_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By my signature below, I understand that I may not be approved for these unpaid days. I accept that if I take these days without approval and/or take days immediately before or after these requested days by utilizing other forms of leave, I may be required to provide satisfactory proof that the absence was unrelated to this request; and I may be subjected to disciplinary action up to and including termination.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor

Support Request       Do Not Support Request      Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent/Designee Recommendation

Approved       Disapproved      Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_