

**DELANO UNION SCHOOL DISTRICT  
REQUEST FOR LEAVE WITHOUT PAY  
(Certificated / Classified)**

**GENERAL CONDITIONS**

1. Submit all requests for leave without pay to your immediate supervisor.
2. Leave may not begin until it has been approved.
3. Requests should be submitted a minimum of five (5) working days in advance of the requested beginning date of leave.
4. Non-paid leave shall not exceed one school year. BP 4161 (a, b)

**PLEASE PRINT**

Name \_\_\_\_\_ SEMS ID# \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ Work Location \_\_\_\_\_

Classification and/or Grade Level \_\_\_\_\_

**I am voluntarily requesting a leave of absence from my job beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.**

Reason for leave: \_\_\_\_\_  
\_\_\_\_\_

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

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**1 – 30 Days Leave**

Approval of Superintendent or Designee \_\_\_\_\_ Date \_\_\_\_\_

Forward a copy to Payroll. Does not need Board approval.

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**30 Days – 1 Year Leave**

Supervisor's Recommendation (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Forward request to Human Resources Department. Must be approved by the Board. Leave may not officially begin until after Board approval.

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**FOR OFFICE USE ONLY**

Original Date of Hire \_\_\_\_\_ Current Position \_\_\_\_\_

Daily Work Hours \_\_\_\_\_ Work Site \_\_\_\_\_

Received by: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Date of Board action: \_\_\_\_\_  approved  not approved