



BOE Date: _____

SPENCERPORT CENTRAL SCHOOLS

Application for Unpaid Leave of Absence

Name of Employee _____ Position _____

Date Submitted _____ Building _____

Dates of Leave _____

Reason for Request _____

Employee Signature _____

Approved by:

Immediate Supervisor Date

Director of Human Resources Date

Superintendent of Schools Date

- Approved Copies
- Employee
- Attendance Clerk
- Personnel File
- Immediate Supervisor