

# Old Forge School District Uncompensated Leave Request Form

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

Building: \_\_\_\_\_ Position: \_\_\_\_\_

I am requesting uncompensated leave on the following date(s):

Define situation for request of uncompensated leave:

**Board Policies #339, #439, #539 govern uncompensated leave requests.**

- Uncompensated leaves shall be granted in accordance with provisions of any collective bargaining agreement or compensation plan.
- Requests for uncompensated leave shall be made to the Superintendent as outlined in Board Policy.
- Special consideration will be given to emergencies.
- All applications are subject to final approval by the Board.

**Review the above Board Policies for complete details.**

Your uncompensated leave request has been reviewed and determined as:

Approved

Not Approved

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of School Board Approval