

MCINTOSH TRAIL CSB LEAVE OF ABSENCE WITHOUT PAY REQUEST FORM

To be completed by the employee:

Name: _____ SS#: _____

Supervisor: _____ Work Site: _____

Dates of leave requested: From _____ To _____

In order to retain all of part of my accrued leave, I would like to be placed on Leave Without Pay beginning _____.

I hereby request leave of absence without pay for the following reason:

I am applying for the following type of leave of absence without pay:
(see policy for explanation of types)

- Regular
- Contingent

Employee signature: _____ Date: _____

To be completed by the supervisor:

- I approve the above requested leave as applied for.
- I approve the above requested leave with the following changes:

- I do not approve the above requested leave for the following reason:

Supervisor Signature: _____ Date: _____

Clinical Director or MH/DD _____ Date: _____
Or Director of Developmental Disabilities Services

HR Manager Signature: _____ Date: _____