

**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 hearby 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: \_\_\_\_\_

Associate Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ER Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_