

**UNPAID ABSENCE REQUEST**

Name \_\_\_\_\_  
(Please Print)

I submit the following day(s) for unpaid absence:

Date(s): \_\_\_\_\_

Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Form #530

(Revised 3/96)

**UNPAID ABSENCE REQUEST**

Name \_\_\_\_\_  
(Please Print)

I submit the following day(s) for unpaid absence:

Date(s): \_\_\_\_\_

Explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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