

HARRISBURG SCHOOL DISTRICT
EMPLOYEE REQUEST FOR UNPAID LEAVE

Employee Name _____ Today's Date _____

The above employee has requested to be absent on the following date(s) and
times _____

*REASON: _____ Unpaid

Principal/Supervisor Signature

Date _____

Superintendent's Signature

Date _____

Principal/Supervisor: Please return this form to the District Office for Superintendent's final approval,
and for payroll purposes after you have signed.