Wayne
Township Public Schools

Request For Unpaid Personal Leave*

(Please Print)

Today's Date_____

Last Name _____ First Name_____

Position_____

Building Location_____

Dates of Unpaid Leave_____

Purpose of Requested Leave_____

Have all available paid days (personal, vacation) already been used? _____

Available paid days must be utilized first.

_____ _____ _____
Signature of Building Principal or Administrator **Title** **Date**

_____ _____
Director of Human Resources **Date**

***Subject to Board of Education Approval**