

Williams Unified School District  
**LEAVE OF ABSENCE REQUEST FORM**  
(Print all information requested clearly)

To: Board of Trustees

From: \_\_\_\_\_  
(Employee's Printed Name)

Subject: Request for \_\_\_ Paid Leave of Absence \_\_\_ Unpaid Leave of Absence

Dates leave of absence is requested: From: \_\_\_\_\_ To: \_\_\_\_\_

because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attached copies of all documents supporting this request for a leave of absence and certify that the information submitted is true and correct.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Recommended action from Site Administrator/Supervisor:  Approve  Deny

Site Administrator/Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Recommended action from Superintendent:  Approve  Deny

Superintendent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Final Board action as required:  Approve  Deny Date: \_\_\_\_\_