

Sutter County Superintendent of Schools

REQUEST FOR LEAVE OF ABSENCE

I, _____, _____
Employee Name Title

hereby request a leave of absence for the following time period:

_____ to _____ for the following reason:

☐ FMLA (Family and Medical Leave Act of 1993: 29 USC §2601) *Unpaid Leave*

☐ Other: (please specify)

Signature _____

_____ Date

For Office Use Only:

Recommendation of Supervisor:

☐ *Approve*

☐ *Disapprove*

Comments: _____

Signature _____

_____ Date

Recommendation of Director of Human Resources:

☐ *Approve*

☐ *Disapprove*

Comments: _____

Signature _____

_____ Date

Final Approval of County Superintendent:

☐ *Approve*

☐ *Disapprove*

Comments: _____

Signature _____

_____ Date

Copies to: Employee; Supervisor; Payroll; Human Resources