



The School District of the City Of York  
Office of the Superintendent

**LEAVE WITHOUT PAY REQUEST**

Employee Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Requested Dates of Leave Without Pay: \_\_\_\_\_

Reason for Requesting Leave Without Pay: \_\_\_\_\_

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

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Denied-Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
Signature-District Superintendent

Route to: Payroll  
Supervisor/Principal  
Human Resources  
Employee