

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; Personnel