

BLOOM-CARROLL LOCAL SCHOOL DISTRICT

REQUEST FOR UNPAID LEAVE (DOCK DAYS)

Employee: Please complete the following information and forward this form to your Principal/Supervisor for approval.

Your Name: _____ Date: _____

Date(s) of Absence: _____

Length of Absence: _____ Days or _____ Hours

Please state the reason for this request:

I understand that before I can take unpaid leave, I must use all my personal days and
I understand that I will not be paid for this absence.

Employee Signature

Principal/Supervisor Signature

Date

Principal/Supervisor: Please forward this form to the Superintendent's Office upon approval.

Superintendent Signature

Date

For Office Use Only

Date Received: _____

Received By: _____

BOE Approval Date: _____

Copy to Payroll _____