Orange Unified School District 1401 N. Handy Street Orange, CA 92867 (714) 628-4000

REQUEST FOR UNPAID PERSONAL LEAVE

Please complete and submit this form to the Human Resources Office and <u>allow ten (10) work days for consideration and response</u>.

| 1 | | | |
|---|-------------------------|-----------------|--|
| Name of Requestor | | EEID# | |
| 2. Current Work Location and As | signment/Job Title/Grac | le/Subject | |
| 3. First date of regular service in C | OUSD: | | |
| 4. Have you requested a personal | leave before? Y | Yes No | |
| If yes, please give details a | ınd year: | | |
| 5. Length of time for which leave | | • | |
| Please give dates: | | | |
| 6. Please state reason for your req | uest: | | |
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| | | | |
| 7. Any additional comments? | | | |
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| | | | |
| | | | |
| Requestor's Signature | | Date | |
| Supervisor's Signature (acknowledgement ONLY) | | Date | |
| | | URCES STAFF USE | |
| Request Approved | Authorizing Signature | | |
| Request Denied | Date | | |