

Instructions: 1.) Employee requesting leave - submit all 3 copies to your principal or department head.  
 2.) Approving authority (see signature section below) - complete form and distribute as follows: Original (white): Payroll Dept.; Second copy (canary): Employee; Third copy (pink): Site Timekeeper 3.) Timekeeper - report with **PBUNP** TRC in Time and Labor.

Empl ID:         Name (Last, First, Middle): \_\_\_\_\_

School or Dept.: \_\_\_\_\_ Location:       Subject, Grade or Position Assigned: \_\_\_\_\_

Classified  
 Certificated  
 Food Services

**Check Reason for Unpaid Leave Request:**

- Personal Business (Procedure No. 7134)  
 Other

**Full Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Request to be Excused:**

FROM:  /  /  \_\_\_\_\_ A.M. / P.M.  
FROM DATE TIME

THROUGH:  /  /  \_\_\_\_\_ A.M. / P.M.  
TO DATE TIME

No. of Days: \_\_\_\_\_ Hours/Day\*: \_\_\_\_\_ Total Hours: \_\_\_\_\_  
\*8 hours/day = Full time assignment

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved  Disapproved \_\_\_\_\_  
Signature of principal or section head  
 (Only approval required for leaves of 1-10 days)

Approved  Disapproved \_\_\_\_\_  
Signature of division head  
 (Required for personal business leaves of 11 days or more)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_