Pembina Hills
PUBLIC SCHOOLS

Unpaid Leave Request

F 4-23

To be completed by the Employee	
Name	Location
Position	Department (if applicable)
Purpose of Request	
Date(s) of Unpaid Leave	

To be completed by Supervisor. Forward form to HR once complete.	
☐ I have reviewed this request to ensure it meets the guidelines identified in AP 40-23, Section 3. ☐ I support this request ☐ I do not support this request Reason for support or non-support:	
Name of Supervisor (please print):	
Signature:	Date:

To be completed by Assistant Superintendent of Human Resources.	
☐ Approved ☐ Not approved Reason for non-support:	
Name of Assistant Superintendent (please print):	
Signature:	Date:

Received February 13, 2019