

SMYRNA SCHOOL DISTRICT  
REQUEST FOR UNPAID LEAVE FORM

Unpaid Leave may be requested only when paid leave has been exhausted and for emergency circumstances only.

AESOP Confirmation Number \_\_\_\_\_

Date \_\_\_\_\_

I, \_\_\_\_\_ would like to make application for \_\_\_\_\_ days of  
(PLEASE PRINT)

UNPAID LEAVE for the following period \_\_\_\_\_  
(Date of Leave)

EMERGENCY CIRCUMSTANCE \_\_\_\_\_

Do you have leave time available? \_\_\_\_\_ How many days? \_\_\_\_\_

Have you previously used unpaid leave this school year \_\_\_\_\_ How many days? \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(School/Building)

\_\_\_\_\_  
(Signature of Supervisor)

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Your request for personal leave has been ( ) Approved

( ) Denied

\_\_\_\_\_  
**Signature of Superintendent**

Date: \_\_\_\_\_

Central Office verification: \_\_\_\_\_ days used to date \_\_\_\_\_ verified by