



Evergreen Local School District

Request for Unpaid Absence

Name _____ Social Security Number _____

Building _____ Position _____

Date _____

I am requesting the following days of unpaid absence. The Treasurer is authorized to deduct wages in accordance with Board policy:

Dates: _____

Reason for Absence: _____

Employee Signature

Supervisor Signature

Approved _____

Disapproved _____

Superintendent's Signature