

**KING WILLIAM COUNTY PUBLIC SCHOOLS**

**LEAVE WITHOUT PAY REPORTING FORM**

All personnel shall complete this form and submit it to their immediate supervisor five (5) days before the date of absence.

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_

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**Request for leave without pay:**

Date(s) of absence: \_\_\_\_\_ TOTAL DAYS: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

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***By submitting this request, I understand that I will not receive payment for the days requested and that the salary reduction will be reflected in the next pay cycle.***

\_\_\_\_\_ Date

\_\_\_\_\_ Employee's Signature

[  ] Approved      [  ] Not approved

\_\_\_\_\_ Principal/Supervisor      Date

[  ] Approved      [  ] Not approved

\_\_\_\_\_ Lead Director of Human Resources      Date

Cc:    Employee  
      Personnel File