

Jordan School District  
**REQUEST FOR LEAVE OF ABSENCE (PERSONAL-NO PAY)**  
 DP337 NEG—Licensed and DP337B NEG—Classified

Name: \_\_\_\_\_ SS# XXX – XX – \_\_\_\_\_  
 Department/School: \_\_\_\_\_ Date: \_\_\_\_\_  
**Date(s) of requested leave of absence:** \_\_\_\_\_

Clearly state reason for requesting leave of absence  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list the number of Personal No-Pay days you are requesting and the number of personal-no-pay days previously allowed under Policy DP337 NEG for three consecutive years including the current year.

	Number of Days Requesting: _____
<b>Current School year:</b> _____ / _____	Personal No-Pay Days Used Total: _____
School year: _____ / _____	Personal No-Pay Days Used Total: _____
School Year: _____ / _____	Personal No-Pay Days Used Total: _____
	Three-Year Total: _____

- Employees shall be discouraged from requesting a personal leave of absence during the school year.
- In the event that an employee has a serious or compelling need for an unpaid leave of absence, a request may be made in writing to the appropriate administrator **prior to the requested date of leave**. The request must clearly state the reason that a leave of absence is necessary. After due consideration, the request shall either be granted or denied. Notification will be provided to the employee in writing.
- Leaves of absence granted under this policy shall be without pay.
- Contract employees shall not be granted more than fifteen (15) days of leave of absence under this policy in any three-year period, **or may be subject to termination in accordance with District Policies DP323 Abandonment of Position, or Orderly Termination Procedures (DP316—Licensed, DP316B—Classified)**.
- Any employee whose requested leave is denied and who chooses to be absent from his/her assignment despite the denial shall be deemed to have voluntarily terminated his/her employment.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Director Signature

\_\_\_\_\_  
Date

Area Administrator Approval  
 \_\_\_\_ Approved      \_\_\_\_ Not Approved

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

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