



**NEWBERG SCHOOL DISTRICT 29J  
REQUEST FOR UNPAID LEAVE**

**1. APPLICANT**

Name	Date
School/Location	Supervisor
Position	Hours per Day/FTE

Will this absence require a substitute? Yes  No   
 Employment Status:  Regular  Probationary  Temporary  
 Employee Group:  NEA (Art. 17)  OSEA (Art. 20.9)  Administrative  
 Confidential/Supervisory/Professional/Technical

Please review the contractual provisions within your collective bargaining agreement or memorandum of understanding prior to submitting this application. If this leave is requested for reasons associated with FMLA or OFLA family or medical reasons, please contact Human Resources at Ext. 5039 for licensed or administrative staff, Ext. 5030 for others. **You must report this leave to the automated absence reporting system.**

Length of Unpaid Leave Requested (include specific dates if possible): \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leave Request (attach additional information if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_  
 =====

**2. SUPERVISOR**

(If the employee has more than one budget supervisor, both must sign below.)  
 Based upon the reasons stated above, the District's ability to obtain a suitable temporary replacement, and the needs of my building and students or department,  
 I  support  do not support this request for leave.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 =====

**3. HUMAN RESOURCES**

Approval Recommended  
 Denied Reason for denial: \_\_\_\_\_  
 \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 =====

**4. SCHOOL BOARD (Not required for Classified requests or short-term Licensed requests.)**

At its meeting on \_\_\_\_\_ the Newberg School District Board of Directors  
 moved to  Approve  Not Approve this request for leave.

Board Secretary's Signature \_\_\_\_\_ Date \_\_\_\_\_