



Short Term Leave Without Pay Request

Timekeeper Instructions: Report with **PBUNP** Time Reporting Code (TRC) in Time and Labor.
Original signed copy must be sent to Payroll. Keep copy for your records.

Empl ID: Name (Last, First, Middle): _____

- Certificated
- Classified
- Food Services

School or Dept.: _____ Location: _____ Subject, Grade or Position Assigned: _____

Check Reason for Unpaid Leave Request:

- Personal Business (Procedure No. 7134)
- Other

Full Explanation: _____

Request to be Excused:

FROM: A.M. P.M.
FROM DATE TIME

THROUGH: A.M. P.M.
TO DATE TIME

No. of Days: _____ Hours/Day*: _____ Total Hours: _____
*8 hours/day = Full time assignment

EMPLOYEE SIGNATURE DATE

Approved Disapproved _____
 Signature of principal or section head
 (Only approval required for leaves of 1-10 days)

Comments: _____

Approved Disapproved _____
 Signature of division head
 (Required for personal business leaves of 11 days or more)

TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR