



FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

www.gdoe.net
501 Mariner Avenue
Barrigada, Guam 96913
Telephone (671) 475-0430



JUDITH T. WON PAT, Ed.D.
Acting Superintendent of Education

OFF-ISLAND ADMINISTRATIVE LEAVE REQUEST

Date: _____

To: Deputy Superintendent of Education and/or Superintendent of Education

VIA: Principal/Division Head

From: _____
Print Employee Name Employee ID Number

Job Title

School/Division: _____ Location Code: _____

Subject: Off-Island Administrative Leave Request(s):

****NOTE: ALL sections below must be completed.**

SPECIFIC REASONS FOR LEAVE REQUEST _____

Start Date of Leave Request: _____ End Date of Leave Request: _____

Number of Working Days: _____ Number of Working Hours: _____

Address while on leave: _____

Contact Number while on leave: _____

I am recommending / / **APPROVAL** / / **DISAPPROVAL** of this request.

ATTACHMENTS ENCLOSED _____

Principal's/Division Head's Signature

.....
ACTION TAKEN BY DEPUTY SUPERINTENDENT and/or SUPERINTENDENT:

{ } **APPROVED** { } **DISAPPROVED** { } **APPROVED** { } **DISAPPROVED**

Signature – Deputy Superintendent of Education

Signature – Superintendent of Education

Comments: _____
