



# FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

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

## OFF-ISLAND 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 Leave Request(s):**

<input type="checkbox"/> Military Leave	<input type="checkbox"/> Annual	<input type="checkbox"/> Sick
<input type="checkbox"/> Advance Sick Leave	<input type="checkbox"/> Personal	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Leave Without Pay	<input type="checkbox"/> Compensatory Time Off	

**\*\*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  
(If applicable)

Signature – Superintendent of Education  
(If applicable)

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