



FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

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JUDITH T. WON PAT, Ed.D.

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):**

☐ Military Leave/MLWOP

☐ Annual

☐ Sick

☐ Advance Sick Leave

☐ Personal

☐ Bereavement

☐ Sick/Annual Leave Sharing

☐ Compensatory Time Off

☐ Leave Without Pay

****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: _____