



**CANBY**  
SCHOOL DISTRICT

**EMPLOYEE UNPAID LEAVE REQUEST FORM**

This form is required for any unpaid absence request.

Employee Name: \_\_\_\_\_ Work Site: \_\_\_\_\_

Assignment/Job Title: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

You must complete this form for any unpaid absence. Submit the completed form to your supervisor. Without a supervisor's signature your leave request may be delayed. Complete the form before leave is taken to ensure it has been approved. Human Resources (HR) may need to ask for additional information to determine eligibility.

Beginning date of absence: \_\_\_\_\_ Return to work date: \_\_\_\_\_

**Reason for Leave:**

Unpaid. You must provide a detailed explanation for an unpaid leave of absence.

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Association/Union: Verification of contractual arrangements must be provided to HR.

Employment in an Institution of Higher Learning (CEA only). Specifics of leave and/or verification of contractual arrangements must be provided to HR.

Exchange and Other Teaching (CEA only). Specifics of leave and/or verification of contractual arrangements must be provided to HR.

Sabbatical (CEA only). Specifics of leave and/or verification of contractual arrangements must be provided to HR.

**Employee Signature:**

My signature indicates that I understand it is my responsibility to contact Human Resources regarding any unpaid leave request prior to the leave. I understand that in the case of a long term unpaid leave there may be an impact to my benefits and when I return it may be necessary to complete new insurance forms to reinstate my coverage.

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Employee Name (please print)

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Employee Signature

Date

**Supervisor Approval:**

My signature below indicates that I have been notified of this employee's request for an unpaid leave of absence and I am in support of the request.

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Supervisor Name (please print)

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Supervisor Signature

Date

Please return completed form with the appropriate materials to the Human Resources Department. If you have questions, please call 503-266-0011.

**HR Approval:**

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HR signature

Date

**For Human Resources use only:**

\_\_\_\_\_ Hours of Emergency/Personal Business Leave

\_\_\_\_\_ Hours of paid vacation (if applicable)

Eligible paid leave from: \_\_\_\_\_ through: \_\_\_\_\_

Eligible unpaid leave from: \_\_\_\_\_ through: \_\_\_\_\_

Benefits end date: \_\_\_\_\_