

MEMO

TO: Immediate Supervisor and Superintendent

FROM: _____
(Print Your Name) (Sign Your Name)

RE: Request for time off without pay.

TODAY'S DATE: _____

I would like to take _____ hour(s) off without pay on the date of _____.

The reason for the above request is _____

Immediate Supervisor's Signature

Superintendent's Signature for Approval

Date

Date

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