

## APPENDIX F: APPLICATION FOR LEAVE OF ABSENCE WITHOUT PAY

In accordance with the provisions in the current Master Agreement, I hereby make application for approval of absence without pay for the dates and reasons indicated below.

Dates \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ ALL DAY \_\_\_\_\_

Reasons: (Please check one)

\_\_\_\_\_ Illness or accident in immediate family.

\_\_\_\_\_ Death in immediate family.

\_\_\_\_\_ Emergency leave for \_\_\_\_\_

Please state details briefly: \_\_\_\_\_

\_\_\_\_\_

*If applicable, complete the following section*

The following arrangements (have been) (should be) made for my work responsibilities.

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Employee

The above request for leave without pay is:  Recommended

Not Recommended

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Supervisor

Approved  Not Approved

Date \_\_\_\_\_ Signed \_\_\_\_\_  
Director, Human Resources

Copy Distribution: Human Resources, Supervisor, JCC-ESP President, Employee