

PRAIRIE CENTRAL COMMUNITY UNIT SCHOOL DISTRICT NO. 8  
**REQUEST FOR UNPAID LEAVE**

*Employee should review section 11.2 of the current  
Collective Bargaining Agreement prior to submitting this form*

Complete Section A and submit to your Principal/Supervisor. Section B & C will be completed and a copy will be returned to you.

*Section A – Request:*

Name: \_\_\_\_\_

Date(s) of Temporary Leave: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

*Section B – Approval:*

Approved  Not Approved  \_\_\_\_\_  
Principal/Supervisor Date

Approved  Not Approved  \_\_\_\_\_  
Superintendent Date

*Section C – Deduction Calculation:*

Salaried: \$ \_\_\_\_\_ per day for \_\_\_\_\_ day(s) = \$ \_\_\_\_\_

Hourly: \$ \_\_\_\_\_ per hour for \_\_\_\_\_ hr(s) x \_\_\_\_\_ day(s) = \$ \_\_\_\_\_

*The amount above will be deducted on the \_\_\_\_\_ paydate*