



Scottsboro City Board of Education

305 South Scott Street
Scottsboro, AL 35768
Phone: (256) 218-2100

UNPAID LEAVE REQUEST FORM

Pursuant to Scottsboro City Board of Education Policy 5.11.2, any unpaid leave must be specifically approved by the Board upon a showing of substantial hardship or extraordinary circumstances.

Employee Name: _____

Mailing Address: _____

City, State, Zip: _____

Beginning Date of Leave: _____ Ending Date of Leave: _____

School/Location: _____

Position: _____

Employee's Signature: _____ Date: _____

Director/Principal Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

Form routing: Employee Director/Principal Superintendent HR Director Payroll Clerk.

Board Approval Date: _____