



HUMAN RESOURCES

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**REQUEST FOR LEAVE WITHOUT PAY**

This form must be returned to the Office of Human Resources at least 10 days prior to the first day of leave without pay.

**Part I: To be completed by employee**

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ EMPLOYEE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL/DEPT: \_\_\_\_\_ POSITION: \_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

DO YOU INTEND TO RETURN TO ZCSB UPON COMPLETION OF THIS LEAVE WITHOUT PAY?  
YES NO

REASON FOR LEAVE REQUEST:

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

IN YOUR OPINION, HOW IS IT IN THE BEST INTEREST OF ZCSB TO GRANT THIS LEAVE WITHOUT PAY.

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

I hereby understand that my signature indicates that the above information is true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part II: To be completed by principal/supervisor**

APPROVE  DISAPPROVE

Principal/Supervisor Signature: \_\_\_\_\_

IF NOT APPROVED, PLEASE STATE REASON:

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

**Part III: To be completed in Human Resources**

APPROVE  DISAPPROVE

Approval Signature: \_\_\_\_\_