

## REQUEST FOR UNPAID DAY (X) – WTA

Directions: Staff members will complete the left section of this form and provide a copy of the form to the Assistant Superintendent for Human Resources along with any support documentation. 3/10

(S): suilding	Recommendation by Asst Superintendent for Resources:  Approved Approved with the following modification Unapproved for the following reason:	r Human
suilding	Resources:  Approved  Approved with the following modification	
	☐ Approved ☐ Approved with the following modification	on:
	☐ Approved with the following modification	on:
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	_ □ Unapproved for the following reason:	
	Comments	
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ith District policies and		
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Date	Assistant Superintendent Signature	Date
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