

CADDO PARISH SCHOOL BOARD
Certified--Human Resources
1961 Midway Avenue
Shreveport, LA 71108
(318)-603-6300

Request for Leave Without Pay

Date _____ Telephone No. _____ (_____) _____

Name _____ Social Security No. _____ - _____ - _____
(Please Print or Type)

Address _____
_____ Zip Code _____

School/Dept. _____ Position _____

Employment Date _____ Grade/Subject _____
(if applicable)

Period Requested for Leave _____
(provide exact beginning and ending dates)

Reason For Leave Request _____

Why you feel the granting of the leave would be in the best interest of the School System.

Employee's Signature

Date

To be completed by principal/supervisor: Approve Disapprove

If not approved, please state reason _____

Principal/Supervisor's - Signature

Date

Director - Certified/H.R. - Signature

Date

Asst. Superintendent/H.R. - Signature

Date