



TRUMBULL COUNTY
EDUCATIONAL
SERVICE CENTER

REQUEST FOR EXTENDED LEAVE OF ABSENCE WITHOUT PAY

This form is used to request extended leaves that are not sick leaves or FMLA leaves. Employees should consult the Trumbull County Classified Staff Association Agreement in the Leave of Absence Without Pay section or the Trumbull County Professional Staff Association Agreement in the Leave of Absence—Unpaid section. The agreement outlines the timelines and other necessary requirements for a leave of absence without pay.

Employees must receive prior approval or denial of an unpaid leave before the date of the leave. No unpaid leaves are to be taken until the employee receives this form with the superintendent's approval or denial. If you do not receive a copy of the approval or denial in a timely manner, contact the human resources office.

Name: _____ Position: _____

Department: _____

Beginning Date: _____ Ending Date: _____

Provide a detailed description of the reason you are requesting this leave:

I fully understand and agree to abide by all provisions of the current negotiated agreement.

Signed: _____ Date: _____

Supervisor/Director Comments: _____

Director Approval: _____ Date: _____

Director Denial: _____ Date: _____

Superintendent/Designee Approval: _____ Date: _____

Superintendent/Designee Denial: _____ Date: _____