

OLEAN CITY SCHOOL DISTRICT

410 West Sullivan Street

Olean, NY 14760

Rick Moore
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Director of Human Resources
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UNPAID REQUEST FORM

EMPLOYEE NAME:

UNPAID LEAVE REQUEST DATE(S)/TIME:

START DATE:

END DATE:

START TIME:

END TIME:

Comments:

MEDICAL (Please attach Doctor Script)

Comments:

SERIOUS ILLNESS of Family Member
(please specify family member)

Comments:

OTHER (please give brief explanation below)

DATE:

EMPLOYEE SIGNATURE:

DATE:

HUMAN RESOURCES SIGNATURE:

DATE:

SUPERINTENDENT:

APPROVE

DISAPPROVE

RETURN TO WORK DATE:

Doctor Release Attached
(if applicable)

Personnel File
(if applicable)

Business Office

FMLA Notification provided to employee (if applicable)

FMLA Start Date: