

To: Richland Parish School System

411 Foster Street

P.O. Box 499

Rayville, LA 71269

Re: **Request for Leave Without Pay**

Name of Employee: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Actual Dates Requested: \_\_\_\_\_

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

Reason for Request: \_\_\_\_\_

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

Position \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_