



Policy 339 – Uncompensated Leave Request Form

Form Submission Date: _____

Employee's Full Name: _____

Building(s): _____

Position: _____

Per Policy 339, "an uncompensated leave may be granted for a period of one (1) semester or one (1) school year." Which option are you requesting? (Circle one):

One Semester

One School Year

For what dates are you requesting uncompensated leave?

First Day of Uncompensated Leave: _____

Last Day of Uncompensated Leave: _____

Reason for Your Request:

By signing below, I acknowledge that I have read and understand PASD Policy 339.

Employee Signature: _____ Date: _____

Please return this form to the Superintendent's Office. If submitting this form via email, please send it to the following: jmccandless@palmerton.org