# REQUEST FOR UNPAID DAYS

Name _____ Division _____
Please type or print

I hereby request unpaid days on: _____

Reason: _____

Health insurance for unpaid days: Article VIII, Section 1 of the Constitution of the State of New York specifically prohibits school districts from making gifts of such money to private individuals. Failure on our part to recapture moneys paid for health insurance while on unpaid status would, in effect, constitute a gift. Therefore, we are duty bound to recoup these moneys.

**Please note: Request is contingent upon the District Superintendent's approval or disapproval. You will be e-mailed notification of the decision**

| | |
|---|---|
| Employee's Signature | Date |
| Supervisor's Signature | Date |
| Division Director's Signature | Date |
| Superintendent's Signature | Date |

Superintendent's
Approved ☐ Disapproved ☐