

**SOLANO COUNTY OFFICE OF EDUCATION
REQUEST FOR LEAVE OF ABSENCE**

I hereby request an unpaid leave of absence from _____ to _____
for the following reason:

Signature _____

Date _____

Recommendation of Director: Approve _____ Disapprove _____

Dates: From _____ Through _____

Signature _____

Date _____

Superintendent: Approve _____ Disapprove _____

Dates: From _____ Through _____

Signature _____

Date _____