



FINANCIAL AFFAIRS - PAYROLL DEPARTMENT OF EDUCATION

Manuel F.L. Guerrero / Administration Building
2nd Floor, Suite B-200
Hagåtña, Guam 96932



Date: _____

To: Superintendent of Education

VIA: Principal/Division Head

From: _____ 690-0 _____
Print Employee Name Employee ID Number

Job Title

School/Division: _____ Location Code: _____

Subject: **Off-Island Leave Request(s):**

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Military Leave | <input type="checkbox"/> Annual | <input type="checkbox"/> Sick |
| <input type="checkbox"/> Advance Sick Leave | <input type="checkbox"/> Personal | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Leave Without Pay | <input type="checkbox"/> Compensatory Time Off | |
| | <input type="checkbox"/> Administrative | |

****NOTE: ALL items must be completed.**

SPECIFIC REASONS FOR LEAVE REQUEST: _____

Start Date of Leave Request: _____ End Date of Leave Request: _____

Number of Working Days: _____ Number of Working Hours: _____

Address while on leave: _____

Contact Number while on leave: _____

I am recommending / / **APPROVAL** / / **DISAPPROVAL** of this request.

ATTACHMENTS ENCLOSED _____
Principal's/Division Head's Signature

ACTION TAKEN BY SUPERINTENDENT:

{ } **APPROVED** { } **DISAPPROVED**

Signature - Superintendent of Education

Comments: _____

