

UINTAH SCHOOL DISTRICT
REQUEST FOR PAID ASSOCIATION LEAVE

I (we) would like to be considered for paid association leave from Uintah School District:

Name(s) _____

School(s) _____

Assignment(s) _____

Date(s) Requested _____

Total Days to be absent from School _____

Describe how this paid leave will benefit students of Uintah School District:

The request for released time from school and district:

Approved

Approved

NOT approved

NOT approved

Authorized by:

Association President/date

Superintendent of Schools/date

Once this request is approved/not approved please forward copies to:
Teacher(s) listed above
Building principal(s) for teacher(s) authorized
Uintah School District payroll department
Utah Education Association