

NOTE: Prior approval of the Board is required. This request is not approved until the Board of Education takes action to approve it.

REQUEST FOR LEAVE OF ABSENCE (WITHOUT PAY)

(Please complete all sections and submit to your supervisor or manager.)

CLASSIFIED

- Permanent
- Probationary

CERTIFICATED

- Regular Contract Permanent
- Regular Contract Probationary
- Temporary/Provisional Contract
- Special Contract

Last Name, First MI	Employee Number	Job Title
Street Address	City, State ZIP	(Area Code) Phone Number
Assignment Location	Subject/Grade Level	Track

Dates Requested:

(Please indicate by Duty/School Year Calendar.)

From: ____/____/____ To: ____/____/____
 Month Day Year Month Day Year

Reason for Leave of Absence Request:

Refer to Provisions of Agreement booklet for more information. (Please check **one** only.)

- | | |
|--|---|
| <input type="checkbox"/> Child Care
<input type="checkbox"/> Rest and Recreation
<input type="checkbox"/> Study
<input type="checkbox"/> Military Service (Attach copy of orders)
<input type="checkbox"/> Rest and Recuperation (Attach Doctor Statement)
<input type="checkbox"/> Other: _____
Please Specify | <input type="checkbox"/> Family Medical Leave/
Family Rights Leave: Following
<u>_____maternity_____adoption</u>
(DOB _____)
<input type="checkbox"/> Teach/Work in Another District
(more than 150 miles away): _____
District Name/City/State/Job Title |
|--|---|

Additional Reasons for Certificated Employees Only:

- Disability (Attach STRS Approval)
- Teach in Foreign Country
- Travel in Foreign Country

Interested in Substitute Teaching (3 days maximum per week) while on a Leave of Absence? **Please check one**
YES NO
 (Employees may not accept a long term assignment while on leave.)

Employee Signature	Date	Principal/Manager Signature	Date	Assistant/Deputy Supt. Signature	Date
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FOR HRS USE ONLY

<input type="checkbox"/> Approval – Letter Sent _____		
<input type="checkbox"/> Denied – Letter Sent: _____		
<input type="checkbox"/> On Line: _____	HRS MANAGER SIGNATURE	DATE
<input type="checkbox"/> LOA History: _____		
<input type="checkbox"/> FMLA Hours: _____		
<input type="checkbox"/> B/A Date: _____	HRS DEPUTY SUPERINTENDENT SIGNATURE	DATE

