APPLICATION FOR A LEAVE OF ABSENCE

Name ____________________________________________________ Date of Request____________________

Last day of service before leave ________________________________________________________________

Expected return to service ____________________________________________________________________

Type of Leave (Please check):

Study ______________ A written statement of study plans must accompany this application.

Travel ______________ A written statement of travel plans must accompany this application.

Health ______________ A written recommendation of a licensed physician or health practitioner must accompany this application.

Childbearing Preparation; adoption (without pay) ______________ The unit member shall request such leave as soon as practicable but, under no circumstances, less than thirty (30) workdays prior to the date on which leave is to begin, except for adoption, which will be as soon as possible prior to date.

Child Rearing (without pay) ______________ The unit member shall request such leave as soon as practicable but, under no circumstances, less than thirty (30) workdays prior to the date on which the leave is to begin, except for adoption, which will be as soon as possible prior to date.

Family Leave ______________ Unit members may take up to three months of leave as provided in the Family and Medical Leave Act of 1993 in which health benefits are covered by the District.

Other ______________ Please indicate type provided in employee contract.

____________________________________________________
____________________________________________________
____________________________________________________

Signature of Employee

Notification of approval/disapproval of Leave of Absence will be mailed after the Board meeting.

To: Certificated Employee Requesting Leave of Absence

06/15/05
In order to qualify for an annual increment, a certificated employee must serve at least seventy-five percent of the actual school days taught during any school year. Days on which the employee is absent due to illness may be counted only as long as he/she does not exceed his/her accumulated sick leave. In addition, when accumulated sick leave is exhausted, additional non-accumulated leave shall be available for a period not to exceed five school months. The amount deducted for leave purposes from a unit member’s salary shall be the amount actually paid a substitute employee to fill the position during the leave, or if no substitute is employed, the amount which would have been paid to a substitute. This provision is available one time only during any school absence year. Any unused leave shall not accumulate from year to year. **Days of absence on unpaid leave will not be credited toward the days required to be served in order to qualify for the annual increment.**

Also for your information, if you wish to arrange for continued health benefit coverage, you may do so by contacting the payroll office. They will advise you of the procedure for making premium payments.

It is suggested that you discuss your plans for a leave of absence with the Assistant Superintendent, Human Resources & Support Services, prior to applying for the leave so that he/she may advise the course of action most advantageous to you.

**CERTIFICATED PERSONNEL**