

APPENDIX H
ABERDEEN SCHOOL DISTRICT
SPECIAL LEAVE FORM

Staff Member: _____ Date: _____

School: _____

The Superintendent of Schools, or his/her designee, may approve special leave for an employee for reasons not covered under other leave provisions. Such leave shall be for absences due to so called natural disasters or catastrophes or other special cases of documentable circumstances beyond the employee's control. Examples of special cases include, but are not limited to, inclement weather which prohibits the staff member from being in the classroom such as impassable roads due to blizzard, flood, etc.; extensive damage from fire or other causes to real property of the staff member or his immediate family which necessitates the immediate attention or assistance of the staff member; and failure of public transportation which prohibits timely return of the employee.

Number of days requested: _____

Your FTE _____ Paid on: _____ 9 month or _____ 12 month basis

Date(s) of special leave: _____

Co-Curricular Assignments _____

Specific Activity Season Dates _____

Sub deduct will be taken for first three (3) days of Special Leave, after the 3rd day, full deduct will be taken. Salary deductions for co-curricular assignments shall be deducted in a pro rata amount (salary for activity divided by the number of activity days) if the leave is taken during the specific activity season.

The Superintendent may approve "special leave for other special circumstances." An example of other special circumstances are, but not limited to, granting an extension of short-term leave. The Superintendent may approve "special leave for other special circumstances" days to complement the short-term leave. "Special leave for other special circumstances" will be at full deduct of the daily rate of pay. Salary deductions for co-curricular assignments shall be deducted in a pro rata amount (salary for activity divided by the number of activity days) if the leave is taken during the specific activity season.

A written and signed rationale should be attached to this request.

Principal or Immediate Supervisor _____ Date _____
(Acknowledges Notification)

Staff Member Signature _____ Date _____

Superintendent's Signature _____ Date _____

____ Approved
____ Not Approved
____ More Information Needed

FINANCE OFFICE USE ONLY

Deduct Rate: Per Day \$ _____
Per Hour \$ _____

Deduct \$ _____ from _____ check