

## Classified Leave Without Pay Request Form

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**A. Short Term Leave**

The request for a short term leave without pay of up to five (5) consecutive days shall be submitted to, and disposition shall be at the sole discretion of, the immediate supervisor subject to the approval of the Superintendent. The request shall include the reasons for the leave and the expected date of return. The employee not returning from an approved leave on the stated return date shall be terminated unless, in the Superintendent's judgment, mitigating circumstances exist or the employee has received advance approval to extend the original approved leave.

**B. Long Term Leave**

The Board, at its discretion, may grant the employee a long term leave of absence in excess of five (5) consecutive days without pay provided that the maximum length of such leave shall not exceed one (1) year without specific review and renewal by the Board.

1) The request shall be submitted to the Board through the Superintendent and must include the justification for the leave, the expected length of the leave, and the return date. The leave request may include such reasons as parenting, education, family welfare, or other valid personal reasons.

2) In the event that the employee is granted a long term leave of absence, the terms and conditions of the leave including but not necessarily limited to length of the leave, notice of intent to return to work, and return rights shall be agreed upon in writing by the employee and the District.

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1. Number of days being requested for Leave Without Pay: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

2. Justification for the requested Leave Without Pay: Please include all important information and the reason for this leave request. The leave request may include such reasons as parenting, education, family welfare, or other valid personal reasons. (If more space is required attach written document.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Approval Signatures:

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Date: \_\_\_\_\_

4. Regional School Board approval required for any leave request longer than five days.

Submitted, through the Superintendent, for prior approval at the next Regional

School Board meeting on \_\_\_\_\_.

Approved by RSB

Not Approved by RSB