



Request for an Unpaid Long-Term Leave of Absence

Date Received by Disability and Leaves: _____

To be completed by the employee

Completed forms are required to be submitted to the Leaves and Disability Section by **March 31** for a leave for the upcoming school year if you are less than a 12-month employee or at least 30 days in advance of the requested leave date if you are a 12-month employee. Please include Certification of Health Care Provider (form D or E) when the request is based on a serious personal health condition, the birth, adoption, or foster care placement of a child, or the care of a family member.

| Your Information | |
|---|--|
| Name (First, Middle Initial, Last) _____ | Date of Request _____ |
| Home Address _____ | City _____ State _____ Zip _____ |
| Employee ID Number _____ | Home Phone (Area Code) _____ |
| Work Location _____ | Work Phone (Area Code) _____ |
| Position _____ | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (specify) _____ |
| Type of Leave Requested | |
| <input type="checkbox"/> Designated (check below) | or |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Non-designated |
| <input type="checkbox"/> Illness (select one) | <input type="checkbox"/> Study |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Hardship |
| <input type="checkbox"/> Family | <input type="checkbox"/> Active Military Duty |
| <input type="checkbox"/> Professional Certification | <input type="checkbox"/> Student Teaching or Internship |
| | <input type="checkbox"/> Salary step increase approved by Licensure Office _____ |
| Dates of Leave Requested | |
| Beginning Date: _____ | Ending Date: _____ |
| I have read Regulation 4822 and I understand that failure to request an extension of this leave of absence or to respond to the disability and leaves unit by the required deadlines will serve as a resignation in the absence of a separate letter of resignation. | |
| Employee Signature _____ | Date _____ |

| To Be Completed by the Principal or Program Manager | |
|---|------------|
| <input type="checkbox"/> I am aware of the above employee leave of absence request. | |
| Principal or Program Manager Signature _____ | Date _____ |
| Comments: _____ _____ | |

Approval is granted for the above employee leave of absence request.