RIVERVIEW SCHOOL DISTRICT #407

LEAVE OF ABSENCE WITHOUT PAY APPLICATION FORM

Employee: ____________________________ (Name) ____________________________ (Position)

__________________________ (Site/Location) ____________________________ (Date of Application)

A Leave of Absence Without Pay may be granted, up to one school year, by the Board of Directors for Continued Childcare, Continued Medical or Disability, Continued Education, or for Special Cases as recommended by the Superintendent. To be eligible for one full school year leave of absence, without pay, an employee must have completed two (2) years of satisfactory service in the district.

Leave applied for: Effective ____________________________ through ____________________________

Please describe how your leave would be used:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please describe the anticipated benefits to Riverview derived from your leave:
________________________________________________________________________________________
________________________________________________________________________________________

Insurance Benefits: While on leave of absence, without pay, I plan to participate in District-approved insurance programs by reimbursing the District directly for all premiums. _____ Yes _____ No

I plan to return to my current position of ____________________________________________ (_____ FTE) on ____________________________ 20 __.

Employee Signature ____________________________

Reviewed by Supervisor ____________________________ Date ____________________________

Supervisor’s comments or concerns on impact to students and/or building needs:
________________________________________________________________________________________
________________________________________________________________________________________

Human Resources Signature ____________________________ Date ____________________________

Recommendation: [ ] Approve [ ] Deny

Comments:
________________________________________________________________________________________
________________________________________________________________________________________

Superintendent Signature ____________________________ Date ____________________________

Recommendation: [ ] Approve [ ] Deny

Comments:
________________________________________________________________________________________
________________________________________________________________________________________

Leave of absence may be revoked if the employee is no longer engaged in the activity for which the leave was approved.

At the end of the leave of absence, every reasonable effort will be made to return the employee to his/her former position if he/she has so indicated. The employee granted a leave of absence without pay shall inform the Board in writing by March 1 as to his/her intent to assume a position in the district for the ensuing school year. If said written notification is not provided by March 1, the individual’s employment rights with the district may be terminated.

The procedure for filing for an extension would be the same as for applying for the initial leave of absence without pay. No combination of leaves and extensions shall exceed two consecutive years.

Distribution: Personnel, Payroll, Supervisor, Employee

Revised 7/2008