

Clatskanie School District 6J

Code: **G CBD/GDBD-AR**
Revised/Reviewed: 9/24/07; 4/22/13
Orig. Code(s): G CBD/GDBD-AR

Unpaid Non-Medical Employee Leave Request

(This form is required for any unpaid non-medical leave)

Employee Name: _____

Job Title: _____ Work Site: _____

Home Address: _____

Home Phone: _____ Work Extension: _____

Instructions for Employees: You must complete this Employee Leave Request form for any unpaid, non-medical leave. It must be completed before leave is taken to ensure the leave has been approved. Submit the completed form to your supervisor. The district office may need to ask for additional information. Thirty days notice is required for any leave over three days, except in cases of emergency or unexpected circumstance.

Request for Leave

1. Beginning date of absence: _____

Date of return: _____

2. I am requesting leave for: Full time/all of my assignment; or
 Part time/FTE or hours per day/week.

Reason for Leave (Documentation to be submitted to Personnel Office.)

- Association/Union Business: Verification of contractual arrangements must be provided to Personnel Office.
- Exchange or Other Teaching: Specifics of leave or verification of contractual arrangements must be provided to Personnel Office.
- Political: Completed Employee Leave request only.
- Other (e.g., hunting, vacation, etc.): You must attach a written statement on a separate sheet explaining your reason for an unpaid leave of absence.

Supervisor Acknowledgment

My signature below indicates only that I have received this employee's request for a leave of absence.

Print Supervisor Name

Supervisor Signature

Date

Employee Signature

Print Employee Name

Employee Signature

Date

My signature above indicates that I understand it is my responsibility to contact Human Resources, (503)728-0587 ext. 2003, for information regarding continuation of my district provided health and welfare benefits, if this is an extended leave. Should I choose to continue insurance benefits on a self-pay basis, it is my responsibility to call the benefits department (503)-728-0587, regarding options for continuation of benefits during my unpaid leave. When I return from unpaid leave, it may be necessary to complete new insurance forms to reinstate the district's contribution for my coverage. This is true whether or not I self-pay for benefits while on leave.

As an employee requesting unpaid leave I must inform the Human Resources and/or Personnel offices in writing, no later than March 15th of my intention to return at the beginning of the school term following the expiration of my leave.

Please return completed form with the materials requested to: Clatskanie School District Office, Attention Business Office, PO Box 678, Clatskanie, OR 97016-0678.

If you have questions please call 503-728-0587 ext. 2003

Approved Denied

Superintendent (Print)

Superintendent Signature

Date

Board Chair signature (when required):

Board Chair (Print)

Board Chair Signature

Date