



REQUEST FOR LEAVE WITHOUT PAY (LWOP) UNDER CBSS POLICY F-11.10

The City of Baker School Board may grant leaves of absence without pay for periods not exceeding one (1) year to any regularly employed teacher or other employee, who requests such leave in writing, whenever in the discretion of the Board such leave is in the best interest of the public school system. The granting of such leaves shall not affect any tenure rights which the applicant may have acquired. Requests for leave of absence without pay shall be submitted to the Superintendent or his/her designee, in writing, at least fifteen (15) days prior to the effective date of the leave. The leave request shall be presented to the Board for its consideration. The Board may reassign an employee taking leave without pay to a teaching, administrative, or similar position within the person's area of certification or job responsibility if a vacancy occurs. Such reassignment shall be affected in accordance with the Board's transfer policy and procedures.

This form, to be completed in BLUE INK, must be returned to the Office of Human Resources at least ten (10) working days prior to the first day of Leave Without Pay (LWOP).

Part I: To be completed by employee

DATE OF APPLICATION (mm/dd/yyyy): _____

NAME: _____ EMPLOYEE NUMBER: _____

ADDRESS: _____

SCHOOL/DEPARTMENT: _____ POSITION: _____

NUMBER OF DAYS REQUESTED TO BE USED WHILE ON LEAVE WITHOUT PAY: _____

BEGINNING DATE (mm/dd/yyyy): _____ ENDING DATE (mm/dd/yyyy): _____

DO YOU INTEND TO RETURN TO CBSS UPON COMPLETION OF THIS LEAVE WITHOUT PAY? YES ___ NO ___

REASON FOR LEAVE REQUEST: _____

IN YOUR OPINION, HOW IS IT IN THE BEST INTEREST OF CBSS TO GRANT THIS LEAVE WITHOUT PAY.

I hereby understand that my signature indicates that the above information is true. I further understand that all Leaves Without Pay granted under this policy will be without compensation and benefits, except for leaves granted pursuant to FMLA.

Signature

Date (mm/dd/yyyy)

Part II: To be completed by Principal/Immediate Supervisor

() APPROVED (Principal/Supervisor Initials): _____ () NOT APPROVED (Principal/Supervisor Initials): _____

IF NOT APPROVED, PLEASE STATE REASON _____

Part III: To be completed in Human Resources

() APPROVED () NOT APPROVED (HR Supervisor) Initials: _____

IF NOT APPROVED, PLEASE STATE REASON _____
