

Morrisonville Community Unit School District #1

REQUEST FOR LEAVE OF ABSENCE

(Without Pay)

Name: _____ Date: _____

Length of Leave Requested:

From: _____ To: _____

Total Number of Missed School Days: _____

A request for a Leave of Absence without pay is subject to the following rules:

- Leaves may be granted to tenured employees who have rendered satisfactory service to the District and who desire to return to employment in a similar capacity at a time mutually consistent with the needs of the District as determined by the Board.
- Each approved leave of absence shall be of the shortest possible duration required to meet the purpose of the leave consistent with a reasonable community of instruction for students.
- Leaves of absence for not more than one year may be granted to tenured teachers according to the following conditions.
 1. A written request should be made at least ninety (90) days before the leave is desired, and all leaves are subject to Board approval.
 2. Dates of departure and return must be acceptable to the administration and determined prior to initiating the request.
 3. The employee shall inform the Superintendent of his/her desire to return to a similar position not later than April 1. If the employee fails to inform the Superintendent prior to April 1, the employee waives his/her right to future employment in the District.

Leaves of less than one month, if acceptable and approved by the Superintendent, will not require three-(3) months notice.

In case of any emergency, the above listed conditions may be waived, at the sole discretion of the Superintendent.

Employee Signature

Date of Board Approval: _____

Principal's Signature

Superintendent's Signature