

Morrisville School District

Employee Request for Leave of Absence

Completion Date:**Name:**

Last

First

Employee ID #**Primary Email:****Primary Phone:****Assignment Location:****Supervisor:***Custom Entry is available if your location is not listed***Calendar Information:***Please make corrections to the calendar on the second page to show the days you would have worked this school year for a complete calendar. Your supervisor can confirm days.***Employment Classification/Title:***Total days should be one of the following:*

- 182 for Classified Staff
- 193 for Professional Staff (154 for 80% employees or 116 for 60% employees)
- 260 for Support Staff

Employment Calendar:**Leave of Absence Information****Type of leave being requested:**☐**Medical***Attach a physician's statement*☐

Initial Leave

☐

Extended

☐**Personal**☐

Student Teaching

☐

Extended

☐**Maternity/Childrearing***Attach a physician's statement or verification of adoption*☐**Discretionary***Describe in notes below*☐**Extended Childrearing***This can be up to one school year and is unpaid, without benefits*☐**Sabbatical Leave**☐

Medical

☐

Educational

*Eligibility requirements can be found in Professional Contract/Instructional Personnel Policy, including returning to employment with the BCIU #22 for a period of not less than one (1) school year immediately following my Sabbatical Leave.**If the Sabbatical is for Education; list courses, number of credits and College/University name in notes below***Expected period of absence:**

From

to

Notes:**HR Office
Only***Stamp
received
and other
notes*