

PLUMAS UNIFIED SCHOOL DISTRICT
Request for Leave of Absence

Date: _____

Name: _____

SS# _____

Home Address: _____

Home Phone: _____

Check the type of leave requested:

_____ Sick Leave

_____ Pregnancy/Childbirth/Adoption

10.02 C. After sick leave benefits are exhausted, if a unit member is absent from duty on account of illness or accident for a period of five months or less, the amount deducted from the salary due for any month in which the absence occurs shall be the sum which is actually paid a substitute employed to fill the position during the absence, or that which a substitute would have been paid had a substitute been employed.

10.02 E. A unit member on sick leave, who exhausts his/her sick leave benefits and also his/her five months of differential pay, may be granted, at the Board's discretion, an unpaid leave for the remainder of the illness or at a maximum for the remainder of the school year. Any unit member granted an unpaid leave under this section shall be required to notify the district superintendent by July 1st of his/her intention to return to employment, or to request an additional sick leave for the upcoming school year.

Failure to notify the superintendent by the July 1st deadline may result in a position being unavailable to the unit member and ineligibility for any type of leave, including sick leave and differential pay.

In the case where additional sick leave is requested by July 1st for the upcoming school year, the unit member will be required to present a written recommendation from a state licensed medical doctor which supports the leave request. In situations where the Board or superintendent desires a second opinion, the unit member may be required to be examined by a physician selected from a list of physicians provided by the District's Worker's Compensation administrator, at the District's expense, prior to action being taken by the Board. The physician will be required to develop a recommendation on the leave and provide medical evidence to support his/her recommendation. In such cases, the employee must agree in writing to allow the physician to release his/her findings to the superintendent.

_____ Personal Necessity (describe) _____

_____ Political

_____ Unpaid

10.08 F. The unit member shall notify the board in writing of his/her intention to return prior to the expiration of the leave of absence, and no later than December 15th for leaves taken during the Fall Semester, and April 1st for leaves taken during the Spring Semester and full year. The unit member shall be entitled to return to service in the school at which he/she was employed immediately prior to the leave. Failure to meet these deadlines may result in the unit member forfeiting his/her right to a position for the upcoming semester or year. Should this occur, the employee's tenure rights shall not be affected, but merely his/her right to a position during the next term or year, whichever is applicable. Unit members who are granted an unpaid leave of absence as per section 10.02 E will have a deadline of July 1st.

PLUMAS UNIFIED SCHOOL DISTRICT
Request for Leave of Absence

Dates of Leave – From: _____ To: _____

Request for – Paid Leave: _____ or Unpaid Leave _____

_____, request that the Governing Board of Plumas Unified School district consider my request for leave of absence as specified above.

Upon Board approval of the request, I accept responsibility to schedule an appointment with both the Payroll and Insurance specialists to discuss options of accumulated sick leave and insurance prior to the commencement of the leave.

If medical or maternity leave, a physician's signed statement shall be attached to this request for Verification of leave and dates.

I understand it is my obligation to notify the Board of my intention to return to service no later than _____.

Employee Signature

Immediate Supervisor

Date of Board Action: _____

Approved: _____

Denied _____

Superintendent's Signature