

Anchorage School District

Request for Extended Leave of Absence

Leave in excess of 10 days (excluding Annual Leave) must be reported on this form.

Last Name: _____ First Name: _____ SS#: _____

Unit/Department: _____ Position/Subject: _____ Bargaining Unit: _____

Mailing Address: _____ Phone #: _____

Contact Number(s) While on Leave: _____

Leave Start Date: (MM/DD/YY) _____ / _____ / _____ **End Date:** (MM/DD/YY) _____ / _____ / _____

Are you currently on approved leave? Yes ___ No ___

If yes, provide dates & type of leave: _____

REASON

___ Medical-Personal illness or severe illness in immediate family (attach doctor's statement).

___ Compelling Personal Reasons- Include value to the District including personal aspiration and value (attach justification)

___ Professional Studies-Institution: _____

Institution's Address: _____

Credit Hours to be taken: _____ Degree Sought: _____

or personal objective that will enhance your services to the District. (Attach justification)

___ Exchange for Foreign Teaching Assignment – Agency or District: _____

Location: _____ Assignment: _____

NOTE:

Leave may not be taken in order to work for another school district or employer without preauthorization from the District. Employees who take leave for other reasons and who are discovered to be working for another employer will be subject to termination. If there are extenuating circumstances, please include appropriate documentation with the leave request. Questions may be addressed to the Leave Specialist.

NEGOTIATED AGREEMENT PROVISIONS

I certify that I have read the section defining Unpaid/Extended Leave of Absence in my current Negotiated Agreement. I agree to abide by the provisions that are stipulated in the Agreement at the time of this leave request. Any extended leave of more than 1 year must be approved by the direct report to the Superintendent.

MEDICAL/LIFE INSURANCE COVERAGE

Leave without pay for more than 10 days, which extends over the first working day of any month may result in loss of District paid medical and/or life insurance benefits. If you wish to maintain these benefits, you must contact the Insurance Benefits Department to make arrangements to pay the required premium.

Is this request under the Family Leave Act? ___ Yes ___ No (If yes, you are required to complete a Family Medical Leave Form (Personnel #105), provide the appropriate medical information and submit the form to the Human Resource Department for approval.

RETURN TO WORK NOTIFICATION

AEA Employees- I agree to notify the District Human Resource Department of my intent to return from leave no later than November 15 or March 15 for the next school year. Failure to give appropriate notice could result in termination of employment.

All other Bargaining Units- I will follow the appropriate procedure as stated in my negotiated agreement leave provisions.

I agree that I will notify the Human Resource Department promptly of any change in circumstance that might affect the conditions of my leave and that the answers above are a full and truthful statement of my reasons for requesting an Extended/Unpaid leave of absence.

Employee Signature: _____ Date: _____

Approve Deny Principal/Supervisor Signature: _____ Date: _____

An Extended/Unpaid Leave for more than 1 year or for a second year requires the following signatures:

Approve Deny Principal/Supervisor Signature: _____ Date: _____

Approve Deny Division Director Signature: _____ Date: _____

Approve Deny Assistant Superintendent Signature: _____ Date: _____

Approve Deny Human Resource Department Signature: _____ Date: _____

Sign and Forward this form to the Human Resource Office for further action (i.e. reporting the name to the ASD Personnel Report and HR/Payroll action).