

*This form is to be used for extended leaves of absence other than FMLA/AFLA.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SS#: XXX-XX \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Position/Subject: \_\_\_\_\_ Bargaining Unit: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Number(s) While on Leave: \_\_\_\_\_ Email: \_\_\_\_\_

Leave Start Date: (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ End Date: (MM/DD/YY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**REASON**

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

\_\_\_ USERRA-Military leave (attach a copy of official orders).

\_\_\_ 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).

\_\_\_ Other- Include value to the District, including personal aspiration (attach justification).

**NOTE:**

Leave may not be taken in order to work for another school district or employer without preauthorization from the District. Temporary work for the Anchorage School District is not permitted. If you plan on working at another employer during your leave, please submit a Request for Contemporaneous Employment form and submit it to the Benefits Generalist, Leave Management for review.

**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.

**MEDICAL/LIFE INSURANCE COVERAGE**

Long-term extended leave may result in the loss of District medical and/or life insurance benefits. You must contact the Benefits Generalist to make arrangements to pay the required portion of your employee premiums during leave or pay for COBRA, if applicable.

**RETURN TO WORK NOTIFICATION**

AEA Employees- I agree to notify the Benefits Generalist of my intent to return from leave no later than 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 Benefits Generalist promptly of any change in circumstance that might affect my leave conditions 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: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approve ☐ Deny Benefits Generalist: \_\_\_\_\_ Date: \_\_\_\_\_

**AEA Employees- Extended/Unpaid Leave requests received after July 15 require the following signatures. Extended/Unpaid Leave requests of less than one academic year or a second academic year of extended leave require the following signatures.**

☐ Approve ☐ Deny Division Senior Director: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approve ☐ Deny Senior Director, Benefits: \_\_\_\_\_ Date: \_\_\_\_\_