

Washington County School District
Employee Request for Leave of Absence

School Board of Education
121 West Tabernacle
St. George, UT 84770

Date _____

I hereby submit my request for a leave of absence for the _____ school year.

My current assignment is _____ at _____.

Position

School/Department

Leave of Absence Policy – 1330

Eligibility: Four years teaching experience in the Washington County School District immediately prior to applying for the regular leave of absence. Part-time employees do not qualify for this benefit.

The Board of Education may authorize a regular leave of absence for administrative or teaching personnel when it deems such leave to be reasonable and for good cause, and not detrimental to education within the District.

Regular leaves of absence shall be limited to a period not to exceed one year. Depending on availability, the employee may or may not be given the same assignment he/she had prior to going on leave.

Regular leaves of absence may be granted upon application to the Superintendent (through the Principal) stating the purpose of the leave of absence, the facts as to its necessity or advisability, and other information helpful to the Board in making a determination as to whether the leave should be granted. In order to receive consideration, applications must be submitted by January 31 of the year preceding the leave.

Regular leave and sabbatical leave may not be back-to-back, and staff must requalify after having had one or the other. If leave is granted, retirement, accrued leave, position on the salary schedule, and other benefits provided by the school District, will be preserved and available to the employee upon return to regular employment.

Individuals on leave of absence must complete a notice of intent to return by January 31 of each year.

MANDATORY: Please attach a statement, explaining in detail the reason/purpose for the leave of absence. Both this request form and the statement will be presented to the WCSD School Board of Education for consideration and approval.

Employee Full Name: _____ Employee #: E0 _____

Type or Print

Employee Signature: _____

Principal or Department Administrator Signature: _____

Date received by the WCSD HR Department: _____

Date reviewed by the WCSD School Board of Education: _____