



REYNOLDS SCHOOL DISTRICT

Revised: 04/04/2012

REQUEST FOR LEAVE OF ABSENCE

NAME _____ DATE _____

BUILDING _____

POSITION _____

DATE(S) OF LEAVE (*Please List Day and Dates*): _____

(Please circle) LEAVE OF ABSENCE:

 Birthday Childcare Funeral Jury Duty Personal Sick Unpaid * Vacation

Check if Family Medical Leave (FMLA)

Please refer to the REA or RESPA Agreement for specific leave definitions. If day(s) are to be credited other than those listed, please explain:

Recommended

Not Recommended

Approved

Not Approved

Employee's Signature *Date*

Supervisor's Signature *Date*

Superintendent's Signature *Date*

Administrator's Notes: _____

***Unpaid Days must be approved by the Reynolds School Board.** It is understood by all parties involved, being the District, the employee, and the Association, that approval of an unpaid leave of absence does not set a precedent for future approval of such requests by this employee or any other employee. All future requests for unpaid leaves of absence will be reviewed on an individual basis. Unpaid leaves are granted with the understanding that the employee requesting the leave and an Association representative have signed off acknowledging that it does not set a precedent.

The Reynolds School District does not discriminate on the basis of race, sex, color, handicaps, creed, age, or national origin in administration of its educational or employment policies.