*A copy of the approved leave form will be emailed to the staff member*

**Name:**

School District(s) served on the date(s) of this absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| ***Sick Leave*** |

(To be completed AFTER the employee returns to work immediately following any absence from duties.)

**Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for Request:**

Individual Illness (Self)

Family Illness

Other; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sick Leave:   
1. Notify your building principal or supervisor that you are leaving.

1. Phone the central office in Aberdeen (626-3359) to notify the Director.
2. Submit leave request form to the Director upon return.

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| --- |
| ***Personal Leave*** |

**Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Personal Leave: Three (3) days per year may be used for personal leave, two of which can be carried over into the following school year. Accumulative to five (5) days, none of which shall be vested or reimbursable.

|  |
| --- |
| ***Professional Development or Directed Leave*** |

**Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # of Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Professional Leave: During the school term, each teacher may be granted up to three days professional leave at the discretion of the director. Additional days may be granted when requested far enough in advance, supported by administrative recommendation, and approved by the board.

**PLEASE SUBMIT THIS FORM TO THE NORTH CENTRAL SPECIAL EDUCATION COOP OFFICE FOR APPROVAL IMMEDIATELY UPON RETURN FROM LEAVE.**

**EMPLOYEE’S SIGNATURE DATE**

**APPROVED BY:**

**DIRECTOR’S SIGNATURE DATE**

**Office Use Only:**

\_\_\_\_\_\_\_\_\_\_\_\_\_# of Sick Days remaining with this Leave of Absence Form deducted.

\_\_\_\_\_\_\_\_\_\_\_\_\_# of Personal Days remaining with this Leave of Absence Form deducted.

Date Notification was returned to staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_