**LONG/SHORT TERM LEAVE REQUEST**

PER BOARD OF EDUCATION POLICIES 5.304 AND 5.305

CERTIFIED PERSONNEL NON-CERTIFIED PERSONNEL

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL/DEPARTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request for long/short term leave requires supporting documents (medical statement, military orders, educational institution enrollment, etc.) Specific requirements and conditions for various types of leave can be found in Section 5 of the Board Policy Manual.

|  |  |  |
| --- | --- | --- |
| **Type of Leave** | **Start Date** | **End Date** |
| Military Service |  |  |
| Educational Improvement |  |  |
| Family and Medical |  |  |
| Maternity |  |  |
| Other (please explain) |  |  |

Will sick leave be used? Yes\_\_\_\_ No\_\_\_\_

If yes please explain: (*if more space is needed attach a separate sheet.*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I fully intend to return to employment with the Cumberland County Board of Education following this leave. I understand that a request for an extension of this leave must be in writing. Extensions may be approved by the Director of Schools on a case-by-case basis. Further, I understand that a 30 day written notice, to the Director of Schools, is required if I do not intend to return to the position held prior to this leave. Failure to give notice shall be considered a breach of contract.

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 *Employee Signature Date*

 *Principal/Supervisor please circle one*

*Concur Non Concur*

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 *Principal/Supervisor Date*