

JACKSON R-2 SCHOOL DISTRICT

APPLICATION FOR EXTENDED LEAVE OF ABSENCE

Board Policies Attached:

- GCBDA – Professional Staff Short-Term Leaves and Absences
- DBD – Professional Staff Long-Term Leaves and Absences
- ADBDA – Support Staff Leaves and Absences

(Check Appropriate Classification)
 Certified Classified

A. EMPLOYEE INFORMATION				
1. Employee's Last Name	First	Middle		
2. Residence Address	Apt No.	City	State	Zip Code
3. Reason for Absence (Attach Supporting Documentation, if necessary)				
<input type="checkbox"/> Pregnancy / Childbirth <input type="checkbox"/> Family / Medical (FMLA) <input type="checkbox"/> Sabbatical (Board Approval Required) <input type="checkbox"/> Other Personal Reasons (Military Service, Adoption, Other Personal Reasons) – Board Approval Required				
4. Additional Comments:				
5. Requested Date of Leave : From ____ / ____ / ____ To ____ / ____ / ____				
Employee Signature _____ Date _____				

B. TO BE COMPLETED BY SUPERVISOR	
Substitute Needed During Leave: <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Name of Substitute:
8. Additional Comments:	
Supervisor Recommends <input type="checkbox"/> Approval <input type="checkbox"/> Denied	
Supervisor Signature _____ Date _____	

C. TO BE COMPLETED BY SUPERINTENDENT	
Supervisor Recommends	<input type="checkbox"/> Approval <input type="checkbox"/> Denied
Supervisor Signature _____	Date _____
Board Approval Required for Sabbatical Leave and Other Personal Reasons <input type="checkbox"/> Approval <input type="checkbox"/> Denied	
Board Minutes Attached	Date ____ / ____ / ____

D. OFFICE USE ONLY – ROUTING
<input type="checkbox"/> Account Number to be Charged for Substitute: _____
<input type="checkbox"/> Original – Employee Personnel File
<input type="checkbox"/> Copies: 1 - Employee 1 – Principal/Supervisor
Attachment: Substitute New Employee Information Worksheet