

# Mansfield ISD

## Paraprofessional to Student Teacher Developmental Leave Guidelines

The following information is in response to your application for release from duty from your current assignment for the purpose of clinical or student teaching through an accredited university or alternative certification program.

### Eligibility

1. Application for leave from assignment to student teach must be approved by the immediate supervisor and the Director of HR Development.
2. Applicants must be current, full-time employees who are regularly scheduled to work thirty (30) or more hours per week in a benefits-eligible position.
3. Applicants must have worked in a full-time capacity for at least 12 months prior to the first day of student teaching.
4. Applicants must participate in the **MISD GO2 Program** for paraprofessionals for the school year of their developmental leave.

### Return to Duty

Employees approved for leave from current work assignment for the purpose of clinical or student teaching must agree to the following:

1. Upon completion of clinical/student teaching, report to the regularly assigned work location, position, and assigned work hours on the **first work day** after clinical/student teaching is completed.
2. Work all remaining work days of current school year, per assigned work calendar.

### Use of Paid Leave

Release from work assignment for student teaching will be **unpaid**, unless

- Employee has applicable accrued leave as defined by Board Policy DEC (local)
- Employee has accrued compensatory time

Note: Employees approved for developmental leave from duty for clinical/student teaching are responsible for verifying with the supervising university their eligibility to receive compensation from the district during the clinical/student teaching assignment.

### Benefits

The District will continue payment of the employer's portion toward health insurance premiums. All other benefits, **including the employee's contribution for health insurance**, must be paid by the employee directly to the Mansfield ISD Benefits Office prior to the 10<sup>th</sup> calendar day of the month benefits premiums are due.

Employees who fail to return to duty upon completion of their student teaching, regardless of the reason for separation of employment, will be required to reimburse the District for the cost of the District's contribution toward health insurance.

**Note: Health insurance does not include: Vision, Dental, Life or other supplementary insurance.**

**Print guidelines for your records**  
**Return Application forms to Human Resources**

## ACKNOWLEDGEMENT

*My signature below is agreement to the terms and conditions outlined in this document regarding my application for unpaid leave to participate in the student teaching requirement of my teacher certification program. I understand that all benefits, compensation, and my specified job assignment remain as an at-will agreement between the District and me, as apply to all other at-will employees of the district.*

*I also agree and acknowledge that if I fail to report to work after completing the last day of my student teaching, as required under Board Policy DEC (Legal, Local). "Leaves and Absences," ad/or resign from my position prior to completing my last regularly scheduled workday for the semester during which I complete the student teaching practicum, I am obligated to reimburse the Mansfield ISD for health insurance premiums paid on my behalf commencing the first month my student teaching began.*

*I further agree that my clinical/student teaching placement in the district **will not** be at the campus of my current paraprofessional assignment and at the discretion of the Director of HR Development.*

---

Employee Signature

---

Date

---

Printed Name

---

Date

---

Director- HR Development

---

Date

**Mansfield ISD**  
Paraprofessional to Student Teacher  
**Developmental Leave Application**

**Part One: Employee Information**

Date: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Campus: \_\_\_\_\_ Current Position: \_\_\_\_\_

**Principal Approval (Signature Required):**

**Part Two: Payroll/Benefits**

Leave Start Date: \_\_\_\_\_ Leave End Date: \_\_\_\_\_  
(Leave cannot extend beyond 12 weeks.)  
Total Personal Days Available: \_\_\_\_\_ Will you use any days? Yes No  
If yes, how many?

**Part Three: Alternative Certification Program Information**

I verify that \_\_\_\_\_ is enrolled in the \_\_\_\_\_  
MISD Employee Name Program Name

Alternative Teacher Certification Program and is eligible for clinical/student teaching.

\_\_\_\_\_  
**Certification Area**

\_\_\_\_\_  
**Assignment Start Date**

\_\_\_\_\_  
**Assignment End Date**

\_\_\_\_\_  
**Program Supervisor Signature**

\_\_\_\_\_  
**email**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Fax**

**Part Four: Student Teaching Assignment (Completed by Human Resources)**

**Employee Campus Request:** \_\_\_\_\_  
(Not guaranteed)

**Assignment**

**Campus:**

**Teacher:**

**Grade/Subject:**

\_\_\_\_\_  
**Director, HR Development**

\_\_\_\_\_  
**Date**

## **Applicant Statement of Interest**

**Briefly share your reasons for pursuing a Teacher's Certification and your career goals following the completion of your program.**

Text Box

---

**Signature**