Chance of a Lifetime Leave Request Form

This form should be completed by the employee and given to the immediate supervisor. The immediate supervisor will review and forward to the Human Resources Office for final approval. **Note:** The employee should only fill out Section I. The reason for requesting a Chance of a Lifetime Leave must be specific.

Section I - EMPLOYEE TO COMPLETE - Request Information	
Name:	Building:
Today's Date:	Leave Date(s):
Specific Reason for Request:	

I understand that in accordance with Board Policy 4252, following approval of such a leave, I will not be eligible to use this type of leave for two (2) school years. I understand that all days requested (maximum of five (5) days) will be unpaid days.

Your Signature:

Supervisor's Signature:

Section II - HR DEPARTMENT TO COMPLETE - Criteria Checklist	**YES**	**NO**
1. Appropriate number of days		
2. Without cost to District		
3. Approval of immediate supervisor		
4. Submitted by the tenth work day of school semester (time permitting)		
5. More than 5 works days prior to/following opening/closing of any school year		
6. Does not involve the first or last 5 work days of semester		
7. Suitable substitute available		

_____,

Please note, in accordance with Board Policy 4252, following the approval of such leave, employee will not be eligible for such leave for two (2) years.

☐ **Approved:** _____ _____

Director of Administrative and Human Services Date

☐ **Denied:** _____ _____

Director of Administrative and Human Services Date

Reason Denied: _____

_____

cc: Master File; Personal File; Payroll; Principal/Supervisor