

**LONGVIEW SCHOOL DISTRICT NO. 122
LONG-TERM LEAVE WITHOUT PAY
and Conditional Resignation**

Name: _____ Date: _____

Assignment: _____ Location: _____

First year leave Second year leave

Beginning Date of Leave

End Date of Leave

I am requesting a long-term leave of absence from Longview School District for the following reason(s):

- Family Responsibilities (provide detailed information below)
- Health/Medical Issues (submit medical certification)
- Other

Reason: _____

I understand that if I fail to notify the Human Resources Office in writing of my intent to return to work within 30-days of the end date listed above, this form will serve as my notice of resignation which will become effective the last day of the approved long-term leave.

Employee Signature

Supervisor Signature

Forwarding Street Address

City

State

Zip

Personal Email

Accepted

Denied

Human Resources

Date

Board Approval Date: _____