

## District Guidelines: Unpaid Leaves\*

There are two (2) types of leaves available that may be granted without pay. The District will provide an unpaid leave request form for the use of employees.

1. **Short Duration.** Employees with at least one year of satisfactory evaluations beyond the probationary period who work for the District will be eligible to request an unpaid short-term leave. A single leave without pay for up to five (5) days may be granted by the Superintendent or designee once every 3 calendar years. Request for such leave shall be submitted in writing to the Superintendent or designee at least 20 working days prior to the start of such leave, except in the case of an emergency. The request must state the general reason for the unpaid leave. Approval of such a leave will be in writing and at the sole discretion of the Superintendent/designee. Approval of such a leave request shall be contingent upon, among other factors, availability of a satisfactory substitute and the operational needs of the District. This leave is restricted to those occasions when the employee has no control over the timing of the activity/event for which the leave is used. The event should be related to extraordinary events that are not covered in Article 19, the Oregon Family Leave Act/Federal Family Medical Leave Act (example: out-of-state college graduation). Short-term unpaid leaves are not intended to be used for a vacation trip. Employees can request a short-term unpaid leave only once in every three (3) year period, except in emergency circumstances that are approved in consultation with members of the Contract Maintenance Committee.
2. **Long Duration.** Employees who have completed five (5) consecutive years of employment with satisfactory evaluations may, at the sole discretion of the Superintendent/designee, be granted a leave of absence without compensation for up to one (1) calendar year for personal reasons. The leave must not negatively affect the program of the District, and a satisfactory substitute must be identified. A substantial basis for a long-term leave request shall not be to seek permanent employment with another employer or to become self-employed.

Request for a long-term leave must be submitted in writing to the Superintendent or designee at least sixty (60) working days in advance of the desired date the leave would begin, except in case of an emergency. A date for returning to work shall be identified in the request. The employee will receive a written response within twenty (20) working days from the date the request is received.

Benefits such as sick leave, vacation time, longevity time and seniority will not accrue during a long-term leave. The District will allow employees on an approved leave of absence to pay medical and dental premiums at the District's group rate to the extent and in the manner allowed by the insurance carriers.

An attempt will be made to return the person to the same position or one of comparable status upon return from a long-term leave. An employee must work for five (5) consecutive years before being eligible for another extended leave without pay.

\*Note: These guidelines are NOT part of the bargaining agreement and will be reviewed on an annual basis by the Classified Contract Maintenance Committee.

### Contract Language: Article 18, Section E, Leave Without Pay

An unpaid leave of absence may be requested and will be considered by the District. The District shall develop guidelines that it may utilize in considering such requests, and shall make those guidelines known to employees.

For more  
information  
Contact:           Becki Howell  
                          541-767-3573  
                          hr@slane.k12.or.us



## Unpaid Leave of Absence Request Form Classified Employees

Section I to be completed by Employee

Name:	Today's Date:
Building/Department:	Employee ID #:
Home Address:	
<u>Leave Dates and Reason Leave Requested</u>	
Leave Start Date:	Return Date:
I am requesting this leave because	
My signature below confirms the accuracy of the information I have provided above.	
Employee's signature	Date:

\*\*The employee's signature indicates s/he has read and understands the attached guidelines for employees considering leaves of absence.

Please return completed form to: SLSD Human Resources, or email the form to [hr@slane.k12.or.us](mailto:hr@slane.k12.or.us)

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*Section II ( to be completed by Human Resources Administrator)*

<b>Leave Decision</b>	
Leave Denied	Leave Approved
Supervisor Discussion:	Date:
HR Administrator's Signature:	Date:
<u>Notes:</u>	