

- CERTIFIED PERSONNEL -**Extended Disability Leave Form**

THE BOARD MAY GRANT EMPLOYEES UNPAID DISABILITY LEAVE FOR THE REMAINDER OF THE SCHOOL YEAR. THEREAFTER, LEAVE MAY BE EXTENDED BY THE BOARD IN ONE (1) YEAR INCREMENTS OF NO MORE THAN ONE (1) YEAR. THE SUPERINTENDENT MAY REQUIRE THE EMPLOYEE TO SECURE A LICENSED PHYSICIAN'S VERIFICATION OF DISABILITY.

REQUEST FOR DISABILITY LEAVE

To request disability leave employees must complete this form and return it to their Supervisor.

Employee's Name _____

Position/School _____

Number of years employed in the District? _____

If this leave request is granted by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.1234 and 03.123, and the terms of my employment contract.

The leave is ☐ Voluntary ☐ Involuntary

The leave/extension requested will begin on _____ and end on _____.
Date Date

☐ Extension of leave requested earlier on _____
Date

Employee's Signature

Date

Supervisor's Signature

Date

Superintendent's/designee's Signature

Date

LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING.
Date

Review/Revised:3/17/2026