Leave Without Pay (LWP) Request Form
Valdez City School District
Policy Reference: Valdez City School Board Policy 4200.3

Employee Information

Employee Name:
Position/Title:
School/Department:
Contact Email:

Leave Request Details

First Day of Leave: (Date)
Last Day of Leave: (Date)
Total Number of Working Days Requested:
Reason for Leave (Must be a compelling):
Total Number of LWOP Days used in the Last 12 Months:

Check all that apply:

1. ☐ I confirm that my request would not fall under Family Medical Leave (FMLA).
2. ☐ I confirm that my request is part of my FMLA/AFLA request and have already filled out FMLA paperwork.
3. ☐ I confirm that all my available annual leave has been used prior to the requested Leave Without Pay dates, as required by Policy 3541.1.
4. ☐ The total working days requested **does not exceed ten (10)** in the current fiscal year.
5. ☐ The total working days requested **is in excess of ten (10)** working days or more than twelve consecutive months.
6. Add probationary period
7. Term of employment

Fringe Benefit Acknowledgement

Complete this section ONLY if the requested Leave Without Pay is in excess of ten (10) consecutive working days.

I understand and acknowledge that while on an approved leave of absence without pay in excess of ten (10) consecutive working days:

- I shall not be entitled to fringe benefits such as medical insurance, retirement, social security, workers' compensation, etc.
- I may elect to pay premiums for the District's medical plan.
- **Medical Plan Election:**
    - ☐ I elect to pay the full premium for the District's medical plan during my leave.
    - ☐ I decline to pay the full premium for the District's medical plan during my leave.

Employee Certification and Agreement

I understand that this Leave Without Pay must have prior approval. I certify that the information provided above is accurate. I further acknowledge that all leaves of absence without pay are subject to the condition that the Superintendent may terminate the leave at any time, upon written notice, if it is determined that I am using the leave for purposes other than those specified at the time of approval. Failure to report to duty on the specified date shall constitute insubordination and abandonment of my position.

Employee Signature: _____

Date: _____

Approval Section

Approval Level	Signature	Date
Supervisor Recommendation (Required)	**Recommendation:** ☐ Approve ☐ Deny	
Superintendent Approval (Required)	**Approval:** ☐ Approved ☐ Denied	

Date of Termination of Leave (if applicable): _____