Leave of Absence Request Form

Complete and submit this form to the Human Resources Department to request a long term leave of absence. With the exception of Long Term Child Care Leave, only employees who have achieved continuing contract or equivalent status are eligible to request Long Term Leave.

Employee Name: _____

Employee ID: _____

I am requesting the selected long term leave of absence for the period from _____ to _____

_____ Elected Office Leave, 1 year. I am requesting leave to seek and, if elected, serve in an elected public service/governmental position. I acknowledge that with the exception of this elected office position, I may not seek employment elsewhere without prior approval from ACPS. I have attached/will attach a copy of my signed contract.

_____ Union Service Leave, for up to 2 years. I am requesting leave to seek and, if elected, serve in an elected union service position. I acknowledge that with the exception of this elected office position, I may not seek employment elsewhere without prior approval from ACPS. In addition, due to this leave being unpaid, I permitted to purchase service credit with VRS service for up to 2 years of service credits. I have attached/will attach a copy of my signed contract.

_____ Foreign Teaching Leave, maximum 2 years. I am requesting leave to serve as teacher at a foreign K-12 education institute. I have attached/will attach a copy of my signed contract.

_____ Health Leave, maximum 1 ½ years. I am requesting health leave due to my own or an eligible family member health condition. I have attached/will attach a copy of the medical leave of absence request forms.)

_____ Long-term Child-Care Leave, maximum 36 months. I acknowledge that employees on Long-Term Child-Care Leave may not perform their regular duties for ACPS, and may not seek employment elsewhere without prior Superintendent approval. I have attached/will attach a copy of my child's verification of birth letter or birth certificate.

_____ Public Service Leave, maximum 2 years. I am requesting leave to perform in a voluntary public service position. I acknowledge that with the exception of this public service position I may not seek employment elsewhere without prior School Board approval. Each year of Public Service Leave will count as one year of additional experience for salary purposes. I have attached/will attach a copy of my signed contract.

_____ Study Leave, maximum 2 years. I am requesting leave to pursue a full time course of study at an accredited institution. I have attached/will attach a copy of my enrollment documentation. I acknowledge that with the exception of any requirements of my coursework, I may not seek employment elsewhere without prior ACPS approval.

_____ Undesignated Leave of Absence, 1 year. I acknowledge that while on Leave of Absence I may not perform my regular duties for ACPS, and may not seek employment elsewhere without prior approval from ACPS.

Please state the purpose for the undesignated leave request below.

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Employees who return from unpaid long-term leave may be eligible for a position for which they are certified and qualified. Employees must notify Human Resources no later than March 15 of each year or within 7 calendar days of their return intentions for the next working day or following school year.

Employee Signature	**Date**
Principal/Program Manager Signature	**Date**
HR Director, Compensation and Benefits Signature	**Date**
Chief Human Resources	**Date**