

NEBO SCHOOL DISTRICT

LONG-TERM LEAVE OF ABSENCE WITHOUT PAY APPLICATION

(At-will employees are not eligible for long-term leave)

Date _____ Employee # _____

Name _____ School _____

Home Address _____ Phone _____

Total Years in Nebo School District _____ Total Years of Experience _____

Present Assignment/Location _____

Reason for Request _____

Leave Requested Dates _____

A departure date after completion of the contracted school year will bring about a benefit period ending August 31st of the same year.

With a mid-year departure date, I acknowledge that my benefits will end on the last day of the month of work completed. (Please initial) _____

Applicant's Signature Date

Principal's Signature Date

Director's Signature Date

Human Resource Director's Signature Date

Approved by Board _____