

REFERENCE 1
REQUEST FOR UNPAID LEAVES
TIPPA Employees

Name _____ Assignment _____ Date _____

Beginning Date of Leave _____ Ending Date of Leave _____ Total Days _____

I request that I be granted an unpaid leave for the following reason:

_____ Military	_____ Study	_____ Parental/Child Care* (includes child bearing,
_____ Mental Disability*	_____ Union Office	adoption, and hospice-type care of spouse,
_____ Personal	_____ Public Service	child, stepchild, sibling, parent, or stepparent)
_____ Physical Disability*		

Facts pertinent to this request: _____

*Presentation of medical evidence required.

This form is in accordance with the provisions of the current collective agreement between the TISD Board of Education and TIPPA. Upon return from leave, the employee will be placed in a position accordingly. Reference Articles 8.4 & 14 for actual contract language. THESE CONDITIONS APPLY TO ALL UNPAID LEAVES.

1. Leaves may/shall be granted for a period of up to one year and may be extended for up to one (1) additional year upon written application of employee prior to the expiration date. No additional extended unpaid leave beyond this shall be authorized before the member has worked 1,250 hours since the last approved unpaid leave.
2. All benefits accrued prior to the commencement of leave (i.e., sick days, seniority) shall be reinstated upon return from leave.
3. Paid leaves of absence shall not constitute a break in service, but time spent on unpaid leaves shall not be counted toward seniority if it exceeds thirty (30) days of work.
4. If a member has exhausted all sick days, personal paid leave days, and vacation days, and is not available for work
 - a. Requests must be submitted in advance. In emergency situations, requests must be submitted on the first day of return.
 - b. Approval of leaves will only be considered when supported by a physician's statement.
 - c. The Board reserves the right to approve or deny requests for unpaid leave with past work attendance history being a significant factor. Absences in excess of days supported by a physician's statement may be waived at the discretion of the Board with past work history being a significant factor.
 - d. Member shall reimburse the District for 60% of the health insurance premium benefit and vision and dental benefits for each day or proration of day granted (not including FMLA). If the bargaining unit member has not worked within a 60 calendar day period, the Board will invoice the member. If working, the balance will be collected through payroll deduction.
5. Health insurance premiums will remain in force for up to 1 year--member may continue coverage through COBRA.

My signature below indicates that I am fully aware of all conditions and that I do plan to return upon termination of this leave. I understand that if I do not return upon completion of this leave or if false information is presented on this form, my employment will be terminated. Further, I will inform the Board immediately if conditions of this leave are changed.

(Signature of Applicant)

APPROVAL RECOMMENDED:

Yes/No _____ Date _____
Principal-Supervisor

Yes/No _____ Date _____
Asst. Superintendent

UNPAID LEAVE OF ABSENCE APPROVED BY: _____
Superintendent of Schools Date

DISTRIBUTION: Applicant - Principal/Supervisor - Asst. Supt. - Payroll – Human Resources – Medical/Personnel Records File