

REQUEST FOR UNPAID LEAVE OF ABSENCE

TIEA Employees

Name _____ Assignment _____ Date _____

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

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

_____ Military _____ Child Care _____ Disability _____ Illness _____ Association

_____ Study - related to member's discipline or to meet eligibility requirements for other discipline

_____ Study, Research, Special Teaching Assignment - involving probable advantage to school

Facts pertinent to this request: _____

This form is in accordance with the provisions of the current collective agreement between the TISD Board of Education and the TIEA (Reference Article 12 for actual contract language). THESE CONDITIONS APPLY TO ALL UNPAID LEAVES.

1. Personal illness or disability leaves verified by a physician shall be granted, after all sick leave has exhausted, for the duration, up to one year, and may be renewed each year upon written request by the member. The member may be contacted by the Board every 90 calendar days for updates.
2. Officers of the Association or appointed to its staff may be granted leave for the purpose of performing duties of the Association. Members shall receive salary increment appropriate to their rank.
3. Military leaves shall be granted. Members shall receive salary increment and seniority which would have been credited had they remained in the school system.
4. Leaves during September-June school year may be granted for 1) Study related to member's discipline; 2) Study to meet eligibility requirements for discipline other than that held; 3) Study, research, or special teaching assignment involving probable advantage to the school. Salary increment shall be allowed.
5. Child Care leaves, both natural and adopted, shall be granted: a) will give at least 90 calendar days notice (except in emergencies); b) must notify the Board in writing 30 days prior to return; c) upon return, be assigned the same or equivalent position and shall be placed according to experience. A member on a one-year leave shall be given credit for a full semester during which time said leave was granted; d) may be extended up to five years at the discretion of the Board & by written request; e) upon discretion of a physician, a pregnant member may commence said leave any time after confirmation of pregnancy--termination would be facilitated the same way; f) member make may written application to the Superintendent for reinstatement and, at the discretion of the Board, be granted reinstatement prior to the expiration; g) failure to return on date approved shall be conclusively deemed a resignation.

My signature below indicates that I am fully aware of all conditions listed above and that I do plan to return upon termination of this leave.

(Signature of Applicant)

APPROVAL RECOMMENDED:

Yes/No _____ Date _____
Principal-Supervisor

Yes/No _____ Date _____
Asst. Superintendent

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