

Appendix E – Article III
APPLICATION FOR LEAVE OF ABSENCE

Name: _____ Date: _____

School or Department: _____

I hereby request a Leave of Absence without pay beginning _____ and
(Month — Day — Year)

ending _____ for the reason checked below:
(Month — Day — Year)

- | | |
|-------------------------|---------------------------------------|
| _____ Illness* | _____ Professional Educational Study* |
| _____ Other Disability* | _____ Personal Reasons* |
| _____ Child Rearing* | _____ Other (please specify) |
| _____ Military* | |

The applicant is advised to examine and comply with applicable provision of the Contract before submitting such application.

Other required information: _____

*Without pay (insurance continues by submitting premium to treasurer).

Applicant's Signature

Superintendent
(per Board of Education resolution)

_____ Approved _____ Disapproved