

DE SOTO SCHOOL DISTRICT #73

USE OF UNNECESSARY/UNPAID/PAID LEAVE

The Board of Education realized that on occasion a need to be away from the job occurs that cannot be accommodated within the confines of the leave policy. The following policy is to allow each employee an opportunity to fulfill an unpaid leave or paid leave that occurs because of unusual circumstances.

Unnecessary/Unpaid Leave: (Certified and Classified Personnel)

1. Must be employed by the district at least three years.
2. May request leave up to 5 days on a one time request during a five (5) year period.
3. The employee must notify the respective supervisor, (i.e. principal, director, superintendent) at least one (1) month prior to the start of leave.
4. Each building principal, and/or director shall approve this type leave and maintain a record of each employee's requested leave and forward a copy of approved leave immediately to central office for payroll purposes.
5. Leave may not be used concurrently (before, after, during or in conjunction) with this leave. Any employee considering unnecessary leave should check their daily rate of pay with the payroll department before applying.
6. If extenuating circumstances occur, the Superintendent may approve addition usage of accumulated personal leave as the situation dictates.

Paid Leave:

1. Employees who accumulate personal leave days (does not include personal leave earned for current year) may request up to five (5) days at a time to be used as paid leave. This leave must be requested from the principal at least one month prior to the date of the paid leave and may not be used immediately preceding or following a school holiday. (Excluding a regular weekend), or with other types of leave. Paid leave may only be used after a five full years have passed since any previous paid leave or unnecessary leave has been taken (Effective July 2005)

Employee _____ Date _____

___ I am requesting unnecessary leave from (date) _____ to _____
I have read this policy and understand that I am not eligible to apply for unpaid/unnecessary leave for five (5) years from the date set forth above.

___ I am requesting paid leave from (date) _____ to _____
I have read this policy and understand that I am not eligible to apply for unpaid/unnecessary leave for five (5) years from the date set forth above.

Employees Signature _____ Date _____

Building Administrator Signature _____ Date of Approval _____

Superintendent Signature _____ Date of Approval _____