



REQUEST FOR ABSENCE BEYOND AVAILABLE LEAVE

Absence Beyond Available Leave

Thank you for your commitment to consistent attendance and for your conscientious effort to limit absences to allocated and available paid leave. Your professionalism in this regard is greatly appreciated.

We recognize that, on occasion, circumstances that require time away from work beyond available leave may arise. In such extenuating circumstances, employees may request *Absence Beyond Available Leave* as outlined in Article 7 of the *Negotiated Agreement*. As you consider a potential need for *Absence Beyond Available Leave*, please be aware of the following:

- *Absence Beyond Available Leave* is only to be taken when accrued personal leave is exhausted.
- When personal leave has been exhausted and additional absence for personal reasons is necessary, accrued sick leave may be converted to additional personal leave at the rate of two (2) days of sick leave for one (1) day of additional personal leave.
- If an employee's request for *Absence Beyond Available Leave* exhausts all categories of applicable accrued leave and conversion options, the absence is without pay and the employee's daily rate of pay and equivalent insurance premiums are deducted from the salary.
- Any request for *Absence Beyond Available Leave* requires prior written authorization of the Superintendent or designee, or 24-hours post factum of an emergency situation.
- Use of *Absence Beyond Available Leave* is for extenuating circumstances and should be used with discretion. It is not intended for routine use.

Request Details

Name: _____ Date: _____

School/Location: _____ Position: _____

- I am requesting *Absence Beyond Available Leave* on the following dates:

- The reason for this request is: (A detailed explanation must be provided.) _____

- I do not have sufficient personal leave for this request, therefore:
- I am requesting that ____ days of accrued sick leave be converted to ____ days of additional personal leave.
 - This absence will be without pay and equivalent insurance premiums will be deducted from my salary.
- I have reviewed this request with my Administrator and have obtained his/her signature. We have discussed both the expectation for consistent attendance as well as utilization of allocated leave in accordance with the *Negotiated Agreement*. _____

Administrator's Signature *Date*

Employee's Signature: _____

Superintendent's Approval: _____

<i>For HR Use Only</i>
Date Received:
Date Response Sent to Employee: