

APPROVAL OF LEAVE OF ABSENCE

_____, a certificated staff member, is hereby granted by the Board of Trustees of School District Number One a Leave of Absence without pay. The Leave of Absence, not to exceed _____ / _____ shall be subject to the terms and conditions of _____ school year / _____ months

Option A

OPTION A

The staff member is not automatically entitled to reinstatement or to other rights and benefits and must make application for existing vacancies along with other applicants. If reinstatement is granted, the staff member will automatically retain the appropriate salary step and all accrued benefits.

OPTION B

The staff member is guaranteed reinstatement in the same position and retains the appropriate salary step and all accrued benefits.

ADOPTED AND APPROVED THIS _____ DAY OF _____, 20__.

PRINCIPAL

SUPERINTENDENT

CHAIRMAN OF THE BOARD

ATTEST:

CLERK

The undersigned staff member hereby acknowledges receipt of a copy of the foregoing approval of Leave of Absence and agrees to be bound by the terms thereof.

CERTIFIED STAFF

Adopted 1/24/83