

APPROVAL OF ACADEMIC YEAR LEAVE

_____, a certificated staff member, is hereby granted by the Board of Trustees of School District Number One an Academic Year Leave. The Academic Year Leave, not to exceed _____ / _____, shall be subject to the terms and conditions of Policy GCBDC/HG.
school year months

Benefits will continue during the time of leave as follows:

- a. Sick leave accumulation
- b. Retirement based on one-half salary
- c. Insurance
- d. Social Security
- e. All other benefits not covered herein for which the faculty member is entitled,

Upon return to service, a staff member will be reinstated in the position held at the time the leave was granted or in a comparable position, unless he/she agrees otherwise.

According to state statute, the Superintendent shall have the authority to transfer any staff member from one position to another.

The staff member must agree to serve in the District for at least one academic year following completion of the leave. If he/she fails to do so, the staff member will be required to refund to the District the salary paid during the academic leave.

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 Academic Year Leave and agrees to be bound by the terms thereof.

CERTIFIED STAFF MEMBER