

# LEAVE OF ABSENCE (LOA) REQUEST FORM

**To Administrator:**

**Governing Board-Approved Leave Requests:** Your recommendation is **not** final; the Governing Board approves or disapproves those requests. However, your denial recommendation is final if the request is for a part-time unpaid leave of absence, from a full time employee.

**Note 1 - ARS15-510B:** "Leaves of absence shall be limited to a period of not to exceed one year."

**Note 2** - If the employee is eligible and qualifies for a Family Medical Leave (FML), then his/her FML must be approved by Human Resources.

**Please refer to your employee agreement for further information regarding unpaid leaves of absence.**

**Alternate Pay (Summer Pay) will be paid off in lump sum after unpaid leave begins.**

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Name: \_\_\_\_\_ TUSD ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Site: \_\_\_\_\_

Position Title: \_\_\_\_\_ Are you a full time employee? \_\_\_\_\_ FTE: \_\_\_\_\_

X \_\_\_\_\_

Employee's Signature to request UNPAID leave of absence Today's Date First day physically absent

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| <b>GOVERNING BOARD-APPROVED LEAVES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Consensus Agreement Employees - Must submit by January 31<br>Administrators & Confidential – Must submit by March 15<br>Leave & extensions shall not exceed one year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Reasons for Governing Board Leave – Not to exceed one year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> 1. Health of employee. (Doctor's verification of illness required.)<br><input type="checkbox"/> 2. Health of immediate family – as defined in agreement.<br><input type="checkbox"/> 3. New infant or childcare.<br><input type="checkbox"/> 4. Course of study, education, or training.<br><input type="checkbox"/> 5. Military Service. (Military orders are required.)<br><input type="checkbox"/> 6. Campaign or serve in public office.<br><input type="checkbox"/> 7. Association or union activities.<br><input type="checkbox"/> 8. Travel (Consensus Only)<br><input type="checkbox"/> 9. Exchange Teaching in _____ |
| Administrators, Psychologists, and Research Project Managers must have 3-years service to apply; Professional & Confidential & White Collar / Food Service must have 1-year service to apply; Blue Collar must have 3-months service to apply. Consensus employees may apply at any time.                                                                                                                                                                                                                                                                                                                                                              |

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| <b>FAMILY and MEDICAL LEAVE (FML)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Since the FML is governed by federal law, and sites may not be able to determine if the employee is eligible and qualified for FML, <b>HR will have the final approval authority for a FML.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Reasons for FML – Up to 12 weeks if eligible & qualified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> 1. Birth of child or first year childcare.<br><input type="checkbox"/> 2. Adoption or foster placement of child.<br><input type="checkbox"/> 3. Illness of spouse, child, or parent. *<br><input type="checkbox"/> 4. Serious illness of employee. *<br><input type="checkbox"/> 5. Spouse/child/parent has qualifying military exigency / orders. *<br><input type="checkbox"/> 6. Care for covered service member with serious injury/illness. *<br>* Completed DOL Certification Form must accompany FML request.<br>Other certification documents are acceptable if the required information is provided. <b>Medical documentation is required for medical reasons.</b> |
| <b>FML may be paid or unpaid time off.</b> You may elect to use sick leave balances before moving to an unpaid status. While on FML, I would like to reserve _____ hours/days for my return to work. I approve the remainder of my sick leave to be used toward my absence.                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| <b>SHORT – TERM LEAVES</b>                                                                                                                                                                                                                                                                                                                                                                                                     |
| Approved by Supervising Administrator                                                                                                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> 1. <b>30-Day Medical.</b> * - <u>All paid leave must be used first.</u><br>Consensus must use all paid Sick Leave first.<br>Doctor's verification of illness must be attached.<br><input type="checkbox"/> 2. <b>30-Day Personal Business or Emergency.</b> *<br>(For urgent personal or family business.)<br>* May NOT be used consecutively with FML, except for Consensus & Blue-Collar employees. |

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| <b>MEDICAL LEAVE ASSISTANCE PROGRAM</b>                                                                                                                                 |
| <b>(Sick Bank Donations)</b>                                                                                                                                            |
| For serious, non-work related injuries, or illnesses that will last more than four weeks <u>and</u> the employee will run out of paid sick and personal leave balances. |
| <input type="checkbox"/> I would like to be considered for sick bank donations.                                                                                         |
| APPROVED BY HR: _____ initials Yes ___ No ___                                                                                                                           |

**This UNPAID leave of absence request will begin on \_\_\_\_\_ . The last day of this leave is \_\_\_\_\_ .**  
 Calculator: First Date physically absent + # of paid days listed above (not including holidays) = 1st date of UNPAID leave.

**Office Manager:** Enter absences from 1<sup>st</sup> day physically absent until UNPAID LOA begins. \_\_\_\_\_ Initial  
 You must complete a PAF to bring employee back to active status.

\_\_\_\_\_ Date \_\_\_\_\_ Recommend approval \_\_\_\_\_ denial \* \_\_\_\_\_  
 Supervising Administrator Acknowledgement Signature (Usually the **Principal or Director**)

\_\_\_\_\_ Date \_\_\_\_\_ Recommend approval \_\_\_\_\_ denial \* \_\_\_\_\_  
 District-Level Administrator Signature (\* **Required for denials, late requests, and 2<sup>nd</sup> year leaves.**)

\* A memo detailing your recommendation for denial must be attached to this request. The employee may also attach a rebuttal memo detailing justification for approval for the Governing Board to consider.

## General Conditions for Leaves of Absence (LOA)

### In return for the District to maintain the same or comparable position for an employee on an unpaid LOA, certain conditions apply.

- The employee must keep employee's supervisor informed of the employee's status.
- Supervising Administrator must acknowledge the request for a leave by signing the request form and recommending approval or denial. Denial recommendations require written justification.
- A leave of absence will **not be considered** if the employee is on a plan for improvement, is pending lay-off, suspension or termination, or is on any type of disciplinary probation.
- The employee must submit the leave of absence request at least 30 days before the leave is to begin, or as soon as the necessity for leave arises.
- The leave MAY be revoked and employment terminated if an employee is engaged in activities other than those for which the leave was granted.
- Employee MUST notify Human Resources, if he/she starts regular employment elsewhere. Failure to do so and accepting employment elsewhere may be grounds for termination of approved leave and termination of employment with TUSD.
- Salary increment advancement is not allowed while on a leave.
- When returning, employee must ensure that the site processes a Personnel Action Form (PAF) to be returned to active status.
- Being absent without authorization is grounds for the district to start the termination or job abandonment proceedings.

### Additional Conditions for Unpaid Governing Board Approved Leaves of Absence (LOA)

- The Governing Board may grant employees an unpaid LOA for up to one year for a specific, substantiated reason.
- Group insurance coverage may continue while on the unpaid LOA as long as the employee pays the entire insurance premium.
- Before an employee may return from a board-approved unpaid LOA, certain conditions apply:
  - a. The employee must **notify** his/her supervisor and Human Resources, in writing, of his/her intent to return **no later than February 1, or 30 days prior to the end of the approved LOA, whichever is earlier**. Failure to do so could be considered job abandonment and may result in delayed re-employment or termination of employment.
  - b. If the employee wants to rescind the unpaid LOA, the employee must submit such a request in writing, to his/her supervisor and Human Resources. The employee may return to work the day after the Governing Board approves the request to rescind unless otherwise directed. A request to rescind will be considered only if:
    - a vacancy exists in his/her classification at his/her site, as indicated by a Personnel Action Form (PAF), and
    - if on an unpaid LOA of one year or less, the site administrator agrees to an early return, or
    - if he/she applied, interviewed and is recommended to fill a vacancy.
  - c. The employee must declare whether or not he/she is subject to a child support order and wage withholding, in accordance with ARS 23-722.02. A current court order must be attached to the employee's intent to return letter, if applicable.
  - d. If the unpaid LOA is for **medical reasons, the employee must submit a physician's statement releasing him/her** to work. The statement must be attached to employee's intent to return letter and to the PAF.
  - e. If the unpaid LOA is for education or training, the employee must attach official transcripts or a certificate to his/her intent to return letter.

### Additional Conditions for Family Medical Leave (FML)

- Group insurance coverage may continue while on the unpaid FMLA leave as long as the employee pays his/her portion of the Insurance premium. The district will continue to pay its portion.
- If the seriously ill employee is unable to return to work at the end of the unpaid FMLA leave, then he/she must either separate or submit a request for a Governing Board-Approved unpaid leave of absence. An attending physician's statement must accompany requests for health or disability reasons. The employee may not start this leave unless and until approved.
- Before an employee may return from a FMLA, he/she must:
  - a. Notify his/her supervisor and Human resources, in writing, of his/her intent to return no later than 30 days prior to the intended date of return. Failure to do so may result in delayed re-employment or termination.
  - b. If FMLA is for the employee's serious health condition, the employee must submit a physician's statement releasing him/her to work. Statement must be attached to employee's intent to return letter, and to the PAF to return to active status.

### Additional Conditions for Short-Term Unpaid Leave of Absence

- A medical release must be submitted to the Supervising Administrator before the employee will be allowed to return to work. The medical release must be attached to the PAF. Without a medical release to perform the essential functions of the job, the employee must separate or request an unpaid Board-Approved leave of absence.
- Short-Term Leave and Family Medical Leave may not be used consecutively.
- Group insurance coverage may continue while on the unpaid leave as long as employee pays him/her portion of the insurance premium. The district will continue to pay its portion.