

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.

~~~~~

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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.                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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>Do you want to use paid leave balances before starting this unpaid FML?</b> I want to use the following from my paid balances:<br><input type="checkbox"/> ALL <input type="checkbox"/> NONE <input type="checkbox"/> SOME Use _____ days/hours<br>Your response here will determine the date your unpaid leave of absence will begin. Please specify total number of days or hours you want to use.                                                                                                                                                                                                                                                                                              |

|                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SHORT – TERM LEAVES</b>                                                                                                                                                                                          |
| Approved by Supervising Administrator                                                                                                                                                                               |
| <input type="checkbox"/> 1. <b>30-Day Medical.</b> * - All paid leave must be used first.<br>Consensus must use all paid Sick Leave first.<br>Doctor's verification of illness must be attached.                    |
| <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. |

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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.