

LEAVE WITHOUT PAY REQUEST

Requests for leave without pay will be considered on an individual basis. Factors for determination will include the amount of leave time requested, the frequency of the employee request for leave without pay, the availability of a substitute (if necessary), the effect of leave on the educational program, and any other factors deemed relevant by the administration. Requests for an extension of leave without pay after a medical leave has expired will also be considered on an individual basis. The District discourages the use of leave without pay for family or personal vacations and/or family or spousal business trips.

A. Procedure

Initial approval or denial will be made by the immediate supervisor. The supervisor's recommendation will be submitted to the Human Resources Office for final determination.

B. Benefits and Salary Schedule

Leave without pay exceeding ten (10) days shall also be leave without paid benefits for the entire unpaid leave period. A certificated employee paid on the teachers' or nurses' salary schedule must be employed and paid for a minimum of 90 days of employment in the District in order to advance to the next step on the teachers' or nurses' salary schedule.

C. Violation of District Determination

If a request for leave is denied and the individual takes unauthorized leave or the employee takes more leave than the amount authorized by the District, the employee's actions shall constitute neglect of duty and conduct which interferes substantially with the continued performance of the employee's duties as set forth in 79-824(4).

Related Policies and Rules: 4510P, 4510.1, 4510.3, 4510.4

Legal Reference: Neb. Rev. Stat. 79-824(4)

Rule Approved: July 21, 1980

Revised: September 7, 1993; March 17, 2003

Millard Public Schools
Omaha, Nebraska

Name _____

Position _____

School _____

Requested Leave Date _____

Substitute Required Yes _____ No _____

Reason for the leave: _____

Staff Member Signature

Present Date _____

Principal or Supervisor Signature

Approve _____ Disapprove _____
of requested time off

Personnel Office Administrator Signature (for salaried employees only)

Approve _____ Disapprove _____
of requested time off

This request does not serve as a report of your absence. The absence of salaried employees will be recorded in the absence database by Human Resources. The absence of hourly employees will be recorded on timecard.