

THE LIMESTONE DISTRICT SCHOOL BOARD
SECONDARY TEACHERS APPLICATION FOR SELF-FUNDED LEAVE (X OVER Y PLAN)

PART A – Employee Information		
Name:	Position:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
School:	School Phone Number:	Grade/Subject:
Number of Years with the Board:	Plan Start Date:	Length of Leave: <input type="checkbox"/> Full-time (Sep – Jun) <input type="checkbox"/> Sem I <input type="checkbox"/> Sem II
Full Time Leave Schedule: <input type="checkbox"/> 2/3 <input type="checkbox"/> 2.5/3 <input type="checkbox"/> 3/4 <input type="checkbox"/> 3.5/4 <input type="checkbox"/> 4/5 <input type="checkbox"/> 4.5/5 <input type="checkbox"/> 5/6 <input type="checkbox"/> 5.5/6 <input type="checkbox"/> 6/7 <input type="checkbox"/> 6.5/7		Leave Start Date:
Preferred School Year for Leave: First Choice: _____ <input type="checkbox"/> Full Year <input type="checkbox"/> Sem I <input type="checkbox"/> Sem II Second Choice: _____ <input type="checkbox"/> Full Year <input type="checkbox"/> Sem I <input type="checkbox"/> Sem II		
I understand that, except in the case of unforeseen extenuating circumstances, I intend to serve the Board to the end of the completion of the plan and furthermore that I must return to the Board after the period of leave for a period equal to the length of the leave. <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
PART B		
Additional Information:		
Signature of Applicant:		Date:
PART C – COMMITTEE RECOMMENDATION		
Leave Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	School Year Leave Begins:
Signature of Staffing Superintendent or Designate:	Signature of Employee Representative:	
PART D – Board Authorization		
Date leave approved by Board motion:		