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

PART A – Employee Information								
Name:		Position:			□ F	☐ Full-time		
Employee ID:					□Р	☐ Part-time		
School:		School Phone Number:			Grad	Grade:		
Plan Start Date: Sep 1,		Type of Plan Requesting:						
		☐ Full Year			□Pa	☐ Part Year		
Length of Leave Requested								
Full Year Leave:		Part Year Leave:						
□ 2/3 □ 3/4 □ 4/5 □ 5/6 □ 6/7		Term One (Sep – Jan)						
		<b>1/1.5</b>	□ 2/2.5	<b>3</b>	/3.5	<b>4/4.5</b>	<b>5/5.5</b>	<b>1</b> 6/6.5
		Term Two (Feb – Jun)						
		<b>1.5/2</b>	<b>1</b> 2.5/3	<b>1</b> 3	5.5/4	<b>4.5/5</b>	<b>5.5/6</b>	
Start Date for Leave Period:		ves only, please provide a second choice in the event that oply for the same timeframe than are permitted to be off.						
Second Choice:								
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.								
PART B								
Additional Information:								
Signature of Applicant:					Date:			
PART C – COMMITTEE RECOMMENDATION								
Leave Approved: ☐ Yes ☐ First Choice ☐ Second ☐ No			nd Choice	Э	Date	:		
Signature of Staffing Superintendent or Designate:			Signa	Signature of Employee Representative:				
Seniority Date (to be completed by Human Resources):								