

THE LIMESTONE DISTRICT SCHOOL BOARD
ELEMENTARY 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
Employee ID:		
School:	School Phone Number:	Grade:
Number of Years with the Board:	Plan Start Date:	Length of Leave: <input type="checkbox"/> Full-time (Sep – Jun) <input type="checkbox"/> Part-time (Jan – Jun)
Full Time Leave Requested: <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4 <input type="checkbox"/> 4/5 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/7	Part-time Leave Requested: <input type="checkbox"/> 1.4/2 <input type="checkbox"/> 2.4/3 <input type="checkbox"/> 3.4/4 <input type="checkbox"/> 4.4/5 <input type="checkbox"/> 5.4/6 <input type="checkbox"/> 6.4/7	
Leave Start Date:	For part-time leaves only, please provide a second and third choice in the event that more teachers than permitted to be off, apply for the same timeframe. <div style="display: flex; justify-content: space-between;"> Second Choice: Third Choice: </div>	
<p>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> <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:		

All applications must be submitted to Joan Gray, Elementary Staffing Specialist by April 1st in order to begin the program for the following September.