Wild Rose Public Schools

Certificated Staff Leave of Absence Without Pay Request

Please refer to Administrative Procedure 406

Employee Information

Employee Name: _____

Location: _____

Details of leave request

From Date: _____ To Date: _____

Return to Work Date: _____

Total FTE Days Requested: _____

Please provide your reason for requesting a Leave of Absence Without Pay and how it will benefit both you and the school division:

_____

_____

_____

I wish to continue my health benefits at my cost during this leave*

___ Yes ___ No

**To continue benefits, application must be received by ASEBP prior to the leave commencing.*

If "no", benefits terminate on your last active day at work and recommence on your return date.

Signatures:

Employee Signature	Date
Supervisor Signature of Support	Date
Associate Superintendent - Central Services	Date

FORWARD TO HUMAN RESOURCES PRIOR TO LEAVE COMMENCING