



**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**