Notice

Please read this page thoroughly before completing.

Important Information Regarding Leave Without Pay (LWOP)

1. All available Personal Leave days will be charged prior to the first day of Personal Leave Without Pay.

2. **A false claim for Leave shall be cause for disciplinary actions up to termination and/or action seeking revocation of Educator's certificate.**

3. The Board may approve a request for LWOP for personal reasons and/or parental/maternity leave for a period of up to one (1) year. Personal Leave without pay shall not be granted for the purpose of an employee entering into full-time employment in a position. The LWOP shall be denied unless there are extenuating circumstances to be approved by the School Board.

4. A request for Leave Without Pay for the upcoming fiscal school year, **must be** submitted to your Principal/Department Head **prior to July 1 of the current fiscal year** on the "*Application for Leave Without Pay*".

5. It is the responsibility of the employee on leave to provide written notice to their principal / department head thirty (30) days before he/she wishes to return to work. The Board will make every effort to allow the employee to return to work as soon as possible.

6. Any employee returning to work after one year of personal leave without pay will be placed in an appropriate position for which he/she is qualified, if and when vacancies occur. An employee planning to return to work the next year shall send a copy of such notice to their supervisor by **March 1**.

7. Leave cannot extend from one fiscal year into another. A separate request must be submitted when the time period includes portions of two fiscal years.

8. Upon return to work following approved leave, it is the responsibility of the employee to immediately contact the District Office Payroll Personnel.

Directions for Submission

1. Documentation for Board approval must be submitted with all Leave Without Pay requests to Personnel. Illness with a doctor's excuse is considered a documented emergency. Other personal/emergency leave requires that written documentation/verification be submitted with the unpaid leave form.

2. If FMLA (Family Medical Leave Act) is applicable, you must attach a completed FMLA MIS5230 to the Unpaid Leave form.

3. Military Leave requests must be submitted with a copy of orders.

4. Upon completion of the request form, make a copy for your records, then submit the original form(s) to Personnel.

Application for Leave Without Pay (LWOP)

Washington County School District
652 Third Street
Chipley, FL 32428

Employee Name: _____ Job Title: _____
Last, First Middle

Current Work Location: _____ ☐ Professional Services ☐ Continuing Services ☐ Annual

To be filled out by Employee and signed by Principal / Supervisor

I. Type of Leave Requested

☐ Extended Health Leave of Disability Leave including Maternity Leave.
If leave requested is for an entire year, the request MUST be made by July 1, prior to the year of request, unless an emergency.

☐ Military Leave in excess of seventeen (17) days.

☐ Personal Leave Without Pay (LWOP) in excess seventeen (17) days. (Attach letter, specifying reasons.)

☐ Illness or Injury in Line-of-Duty Leave in excess of ten (10) days during any school year.

☐ Leave to seek political office

☐ Professional Leave without pay in excess of six (6) days.

☐ Family Medical Leave Act (FMLA). (Attach qualifying event.)

☐ Other

II. Duration of Leave Requested

Date Range: From: _____ To: _____

Or specific individual dates: _____

Total Time Requested: _____ Days _____ Hours

III. Signatures

I attest that the information completed above, including all attachments are accurate and true and I have read the "Notice" on the cover sheet of this page.

_____ _____
Employee Signature Date

I recommend ☐ Approval ☐ Disapproval of this request

_____ _____
Principal / Supervisor Signature Date

IV. Board Action

☐ Approved _____
☐ Not Approved Date

_____
Board Authorized Signature

_____
Signature, Superintendent of Schools

cc: personnel file, employee, employee's supervisor