



Montgomery County
Public Schools

**MONTGOMERY COUNTY
PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT
APPLICATION FOR
EXTENDED LEAVE**

750 Imperial Street, SE
Christiansburg, VA 24073
540.382.5100 (T)
540.394.4446 (F)

**INSTRUCTIONS: Employee - complete Section 1, then forward to Human Resources Department.
Please refer to MCPS Policy 5-7.5 regarding Extended Leave (revised August 2017) for additional information.**

NAME _____

DATE _____

POSITION _____

LOCATION _____

1. I wish to make application for extended leave covering the period from:

_____ to _____
Month Day Year Month Day Year

2. This request for leave is for the following reason (check one):

- | | |
|--|---|
| <input type="checkbox"/> Parental leave | <input type="checkbox"/> Serious illness of family member |
| <input type="checkbox"/> Employee's debilitating or life-threatening illness or injury | <input type="checkbox"/> Short-term educational leave |
| <input type="checkbox"/> Professional full-time study | <input type="checkbox"/> Foreign teaching assignment |
| <input type="checkbox"/> Service in teacher corps, VISTA, Peace Corps | <input type="checkbox"/> Personal reasons |
| <input type="checkbox"/> Leave to accompany spouse on sabbatical or travel | |

Please provide a short description of the request:

3. I understand that I am required to use accrued leave (sick, personal, wellness, and annual leave) before an unpaid leave of absence begins. I also understand that it is my responsibility to contact the Payroll department to determine the impact an unpaid leave of absence may have on my compensation, benefits, and pay schedule.
4. I understand that I must request reinstatement following extended leave on or before March 1 for the ensuing school year.
5. I understand that at the expiration of the leave, upon proper notification as specified, I will be offered the first position the superintendent considers appropriate that becomes available to the school division within the next succeeding 12 month period following expiration of the leave of absence; such re-employment will be with full rights and privileges to which I was entitled and qualified at the time the leave became effective.

Employee Signature

Date

(To be completed by Human Resources.)

The above application for extended leave is: APPROVED

DENIED

Signature of Superintendent or Designee

Date