

Vermilion Association for Special Education

**Leave of Absence Request Form**

--------------------------------------------------------------------------------------------

Use beyond the allocated personal or vacation leave days will not be approved without application for Leave of Absence and approval by the Director or designee. Application must be submitted at least 10 business days prior to the leave. Any employee who fails to apply for a leave upon exhaustion of personal and vacation time shall be deemed absent without leave (“no call, no show”) and is subject to discharge as may be provided by the law. The employee will not receive pay and shall have a right to participate in the group health and life insurance programs at his/her OWN expense at the group rate.

--------------------------------------------------------------------------------------------

Name: Click or tap here to enter text.

Date of Request Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date of Requested Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date of Requested Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leave:Click or tap here to enter text.

I acknowledge that I will not receive pay for the length of the leave.

I acknowledge that I shall have the right to continue to participate in group health insurance during the extent of the leave and I understand that my participation is at my cost.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

For Office Use:

Approved

Disapproved

Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.