**Brownsville Area School District**

**Uncompensated/Sabbatical Leave Request Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| I am requesting uncompensated leave for: \_\_\_\_ One (1) Semester \_\_\_\_ One (1) School Year |
| Define situation for request of uncompensated leave: |

Board Policy #339 governs uncompensated leave requests.

* Uncompensated leave shall be granted in accordance with provisions of any collective bargaining agreement or compensation plan.
* Time on uncompensated leave shall not count as time on the job, and fringe benefits shall not be provided unless the employee provides payment for benefits.
* Requests for uncompensated leave shall be made to the Superintendent as outlined in Board Policy.
* Special consideration will be given to emergencies.
* All applications are subject to final approval by the Board.
* Individual or family related health reasons should refer to the district FMLA Policy #335.

Your uncompensated leave request has been reviewed and determined as:

 \_\_\_\_\_ Approved \_\_\_\_ Not Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Superintendent Signature Date

Board approved on : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_