



UNPAID LEAVE FORM

School District of Rib Lake
1236 Kennedy Street, Rib Lake, WI 54470

Leaves of absence without pay may be granted by the District only if all personal days (and sick days, if applicable) have been used prior to using leaves of absence. The granting of unpaid leave, the length of time for such leave, and the number of employees taking this leave shall be at the discretion of the District. Request for unpaid leave are non-precedential and will be dealt with on an individual basis. The District Administrator may grant leaves of absences for days of 3 or less. Leaves beyond 3 days for education, medical reasons, maternity, military or National Guard service, civic duties or for other extenuating reasons requires approval by the board.

1. The unpaid leave requests must be submitted at least four (4) weeks in advance and shall include reasons for the request and the expected duration of the leave, not to exceed one (1) year. In an emergency, the District Administrator or his/her designee may modify the advance notice requirement.
2. Unpaid leave will result in salary and insurance deductions. These deductions will occur on the first pay period of the following month. Insurance deductions will not occur if the approved leave is medical related.

Employee Name: _____

Date of Request: _____

Date(s) Requested for Unpaid Leave: _____

Employee Signature: _____

NOTE:

- Approved unpaid leave in days and half days will be docked off the first paycheck of the following month – hours will be accumulated and docked at the end of the school year. A reminder that paid benefits will also be deducted from the employee’s paycheck.
- All questions regarding leave requests should be directed to the building principal or district administrator.
- Other than emergency leave or sick leave, prior approval will be necessary; therefore allow ample time for approval when making requests.

Approval Granted: _____

Date: _____

Approval Denied: _____

Date: _____

Reason: _____

Original: ____ District Business Office

Copies: ____ Building Principal ____ Employee