

Request for Unpaid Leave of Absence (LOA)

Employee ID# _____ Date: _____ Hire Date _____

Employee Name: (Last) _____ (First) _____

Personal Phone: _____ Personal Email (not okcps): _____

Name of Immediate Supervisor: _____ Department _____

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- ☐ I understand that a written explanation for the requested leave of absence must accompany this form
- ☐ I understand that a Leave of absence is for one (1) contractual year or the remainder of the contractual year if it has begun.
- ☐ I understand that a written request for reinstatement following a leave of absence will need to be filed in Human Resources on or before the close of business on April 15, for the following contractual school year.
- ☐ I understand failure to submit a request for reinstatement terminates affiliation (employment) with the Board of Education at the expiration of the leave of absence.
- ☐ I understand I will not lose nor accrue leave while on a leave of absence (LOA).
- ☐ I understand that my medical insurance and other benefits will stop while on leave of absence and I will receive a COBRA notice within 30 days from the start date of the unpaid leave of absence (LOA).
- ☐ I understand that a leave of absence will not count towards experience for retirement or OSDE.
- ☐ I understand that a Fitness for Duty Certification is required when returning from a medical leave of absence. The Fitness for Duty is to be turned into HR by June 1st, when a letter for reinstatement has been submitted by April 15th ; or upon an unrestricted Fitness for Duty during the fiscal year.

I hereby request an unpaid leave of absence from _____ until _____ for the following reason:

- | | |
|--|--|
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Election to Public Office |
| <input type="checkbox"/> Military Service | <input type="checkbox"/> Rearing a Child |
| <input type="checkbox"/> Teaching Abroad* | <input type="checkbox"/> Education |
| <input type="checkbox"/> Critical Illness for Self | <input type="checkbox"/> Critical Illness for Immediate Family |

**Please refer to your CBA for specific guidelines*

By signing below, you certify that you have read and understand this agreement, that you know and understand the meaning and intent of this agreement and that you are entering this agreement knowingly and voluntarily.

Applicant Signature / Date: _____

Executive Director of Human Resources/ Date: _____

☐ Approved ☐ Denied (to be filled in by EDHR)