



## Long-Term Leave Without Pay and Conditional Resignation

Name: \_\_\_\_\_ Assignment/Location: \_\_\_\_\_ FTE: \_\_\_\_\_

Please accept my request for long-term leave from Woodland Public Schools for the following reason(s):

_____	_____	_____
Start (month/day/year)	End (month/day/year)	No. of days
If partial leave of absence, complete the following: FTE leave _____ FTE work _____		

<input type="checkbox"/> Health
<input type="checkbox"/> Further Education
<input type="checkbox"/> Other:

I understand that if I fail to notify the Human Resources department in writing by April 1<sup>st</sup> of the current school year of my intent to return to duty, or if I inform the district of my intent to return and fail to do so, this form will serve as my notice of resignation to be effective the last day of the approved long-term leave.

_____ Employee Signature	_____ Date
_____ Current Mailing Address	_____ Forwarding Mailing Address
_____ City                      State                      Zip	_____ City                      State                      Zip
_____ Personal Email Address	

Supervisor Signature: \_\_\_\_\_

### Submit Form to Human Resources

Recommend Approval:

Approved by Board of Directors:

\_\_\_\_\_  
Human Resources                      Date

\_\_\_\_\_  
Date