

**THE LIMESTONE DISTRICT SCHOOL BOARD**  
**SECONDARY TEACHERS APPLICATION FOR SELF-FUNDED LEAVE (X OVER Y PLAN)**

<b>PART A – Employee Information</b>		
<b>Name:</b>	<b>Position:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
<b>School:</b>	<b>School Phone Number:</b>	<b>Grade/Subject:</b>
<b>Number of Years with the Board:</b> _____ <b>Seniority Ranking (as of June 2010):</b> _____	<b>Plan Start Date:</b>	<b>Length of Leave:</b> <input type="checkbox"/> Full-time (Sep – Jun) <input type="checkbox"/> Sem I <input type="checkbox"/> Sem II
<b>Full Time Leave Schedule:</b> <input type="checkbox"/> 2/3 <input type="checkbox"/> 3/4 <input type="checkbox"/> 4/5 <input type="checkbox"/> 5/6 <input type="checkbox"/> 6/7	<b>Leave Start Date:</b>	
<b>Preferred School Year for Leave:</b>		
First Choice: _____	<input type="checkbox"/> Full Year	<input type="checkbox"/> Sem I <input type="checkbox"/> Sem II
Second Choice: _____	<input type="checkbox"/> Full Year	<input type="checkbox"/> Sem I <input type="checkbox"/> Sem II
I understand that, except in the case of unforeseen extenuating circumstances, I intend to serve the Board to the end of the completion of the plan and furthermore that I must return to the Board after the period of leave for a period equal to the length of the leave.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>PART B</b>		
<b>Additional Information:</b>		
<b>Signature of Applicant:</b>		<b>Date:</b>
<b>PART C – COMMITTEE RECOMMENDATION</b>		
<b>Leave Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Date:</b>	<b>School Year Leave Begins:</b>
<b>Signature of Staffing Superintendent or Designate:</b>		<b>Signature of Employee Representative:</b>
<b>PART D – Board Authorization</b>		
<b>Date leave approved by Board motion:</b>		