

LEAVE OF ABSENCE APPLICATION FORM

Name _____ Date _____

School _____ Current Assignment _____

Length of requested leave (up to one year): _____

Reason(s) for requested leave:

I fully intend to return to the Iron County School District at the conclusion of this leave if it is granted. I will notify the superintendent of my definite intentions to return by February 1st of the school year during which I am on leave. I understand that my employment in the district will be conditional upon a position being available and that the position may not be the exact position I left.

Signed: _____ Date: _____

Please return this form to the superintendent before February 1st of the school year before the leave is being requested.

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