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 **SAMPLE LETTER**

**MEMORANDUM**

**Date:**

**To:**

**From:** Principal/Administrator

**Subject:** Approved Unpaid Leave

Based upon your request, I have recommended to the Superintendent that you be granted an unpaid leave of absence from \_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_. It is important that you be aware of responsibilities and steps to assure that your benefits and needs are properly met during the period of time that you will be on unpaid leave.

Article 7.27 of the Local 1010 Contract and Article 11.25 of the LESPA Contract address unpaid leaves of absence and your medical benefits. While on unpaid leave, unless you have been approved for family and medical leave, you are solely responsible for both the Board and your contribution/premiums to any health insurance or other benefits in which you elect to participate. To be sure of the cost and the deadline by which you must make your payments, contact Pam Faulkner in the Benefits Office. Her telephone number is 487-7150.

Section 7.27 B(5) (Local 1010) and Section 11.25 B(5) (LESPA) identify your responsibilities for notifying the District of your intention to return to work. Please be reminded that for leave granted for the first semester, you are required to notify me in writing during the period from October 15 through November 15. If your leave is for the second semester or one school year, you are required to notify me in writing during the period from February 15 through March 15. For leaves granted other than a semester or school year, you are required to notify me in writing during the period from twenty to forty days prior to the end of the leave. Failure to meet these notice requirements would cause the District to consider you as have abandoned and resigned your position. Upon receiving an approved leave, you are assured of returning to the job from which leave was granted or to a comparable position with our cost center.

If you need any assistance regarding preparing for your leave, please let me know.