APPLICATION FOR LEAVE OF ABSENCE SCHOOL-LEVEL CERTIFICATED EMPLOYEES



APPLICATION FOR LEAVE OF ABSENCE SCHOOL-LEVEL CERTIFICATED EMPLOYEES	Soc. Sec	. No.		
STATE OF HAWAII DEPARTMENT OF EDUCATION OFFICE OF HUMAN RESOURCES	Sch. or S	Sub-Div. Code		
CERTIFICATED RECORDS AND TRANSACTIONS P. O. BOX 2360	Type of L	eave Code		
HONOLULU, HAWAII 96804	Bargainir	ng Unit Code		
SECTION I. EMPLOYEE INFORMATION				
1. Name Last First M.I.	2. Mai	ling Address	Number	Street
3. Home Telephone No.		0.1	01-1-	7
		City	State	Zip
SECTION II. LEAVE REQUEST (complete appropriate	subsection	below)		
	acation		Family Leav	re
	uneral lealth	L	Other	Type of Leave
FILL IN #1 OR #2 BELOW: 1. I hereby request LEAVE WITH PAY for the calendar period	as follows:			
From to				
2. I hereby request LEAVE WITHOUT PAY for the calendar po	Month eriod as follow	Day VS :	Year	# of Working Days
From to	1			
Month Day Year	Month	Day	Year	# of Working Days
3. Is this an extended leave? Yes	No			
State reason(s) for leave (append if necessary)				
Signed:				
	Employee Date School or Office		_	
SECTION III. LEAVE APPROVAL				
Recommend: Approval Disapproval		Approval		Disapproval
Signed: Principal/Immediate Supervisor	Signed:	Personnel Regio	onal Officer or Complex	Area Superintendent
Date:	Date:			
SECTION IV. DOCTOR'S STATEMENT (to be completed ONLY for HEALTH LEAVE or if SICK LEAVE is for more than five consecutive work days)				
I certify that is	under my cai	re for health reaso	ons and is not ph	ysically able to
perform his/her normal work duties from		to		

perform his/her normal work duties from Month/Day/Year Month/Day/Year Signature of Licensed Physician Date

INSTRUCTIONS:

- 1. All leave requests should clearly state reasons and pertinent details must be clearly stated.
- 2. All extended leaves without pay must be for the SAME REASON as the original leave.
- 3. The Doctor's Statement (page 1) MUST BE COMPLETED when requesting leave without pay for health reasons and if sick leave is for more than five consecutive work days.
- 4. If leave is requested because of critical illness or death in the immediate family, the name, residence, and the exact relationship must be given. In addition, if for critical illness in the immediate family, then an accompanying statement clearly stating the imperative need of the teacher's presence at the bedside is needed.

ROUTING FOR ALL LEAVE WITHOUT PAY AND MILITARY LEAVE WITH PAY:

- 1. The employee submits application and verifying attachment(s) to the principal or immediate supervisor.
- 2. The principal or immediate supervisor, after approval recommendation, submits the application and any verifying attachment to the Personnel Regional Officer.
- 3. The Personnel Regional Officer, after approval action, makes copies and distributes as follows:
 - * OHR, Certificated Records and Transactions
 - * Employee
 - * School for submittal to the Payroll Office
 - * Personnel Regional Office
 - * School

ROUTING FOR ALL LEAVE WITH PAY:

- 1. The teacher calls in absence to the Teachers Substitute Employees Automated System (TSEAS).
- 2. The employee completes the request for leave of absence for the principal or immediate supervisor's approval.
- 3. Except for teachers, the school makes copies and distributes (as stated above).
- 4. For teachers only—the school makes the copies and distributes (as stated above) only if the absence is NOT called in to TSEAS.

GENERAL INFORMATION

The following are provided as general information. Employees are advised to review the specific regulations and procedures in the School Code to understand the terms, conditions, and employee responsibilities that apply to their leave situations.

A. Employee Responsibility While on Leave

- 1. Keeps the Department informed of intent to return by submitting a Form 101 when requested or by writing directly to the Department (school principal or district personnel officer) at least 90 days prior to the expiration date of his/her leave.
- 2. Keeps the Department informed of current leave address to insure that he/she receives all correspondence sent to him/her by the Department.
- 3. Initiates direct monthly payment(s) to maintain Health Fund Benefits as required during leaves of absence without pay.

B. Requesting Early Return From Leave (Reference: Regulation #5400)

Prior to returning to work, the employee must submit a written request to the Office of Human Resources specifying the following information:

- 1. Date of availability,
- 2. Acceptable locations,
- 3. Present period of leave (beginning and ending dates),
- 4. School from which leave was taken,
- 5. Teaching specialty (elementary, secondary, English, etc.),
- 6. Present telephone number and address.

Additionally, if requesting early return from leave without pay for health reasons, the employee also submits a medical examination clearance (Form 132, Physical Examination of Employee).

C. Failure to Return to Duty

Unless additional leave is granted, an employee who fails to return to service upon expiration of his/her leave will be terminated. All guarantee rights are forfeited upon termination.