

Okaloosa County School District
Human Resource Department
Application for Leave Without Pay (LWOP)

Employee Name: _____ EID# _____
Last First

Job Title: _____ Department/School: _____

Directions for Submission

- One form per situation
- Documentation for Board approval must be submitted with **ALL** Leave Without Pay requests.
 - Examples: Doctors note, accident report, towing bill, court papers
 - Professional and Sabbatical leave requests require documentation specifying reason, institution, degree seeking, etc.
 - Military Leave requests must be submitted with a copy of orders.
- If you are seeking leave for the entire school year it is **your responsibility to provide written notice to your principal/ department head prior to March 1st**, whether or not you will be returning for the following school year. You could be placed at a different school/department upon returning from leave.
- A separate request must be submitted when the time period includes portions of two work/school years.

Type of Leave Requested

- Illness: Documentation Included Documentation NOT Included Suspension Without Pay
- Personal Leave Without Pay Specify Reason: _____
- Parental/Maternity Leave Without Pay Line-of-duty Injury/Illness: Workers Compensation-**Insurance ONLY**
- Sabbatical Leave Without Pay Professional Leave Without Pay Political Campaign
- Military Leave: With Pay (17days max. per calendar year) Training (excess of 17 days-without pay) Active Duty (without pay)

Duration of Leave Requested

From: _____ To: _____ Or Individual Dates: _____
MM/DD/YY MM/DD/YY MUST BE SAME SITUATION

Total Time Requested: Days: _____ Hours: _____

Signatures

Employee: I attest that the information completed above is accurate and true. **I understand that without proper documentation this will be disapproved.**

Employee Signature Date

Principal/Dept. Head: APPROVED (**Must have proper documentation**) DISAPPROVED I understand this employee could return to this school /department upon completion of leave, if approved.

Principal/Department Head Signature Date

For Human Resource ONLY

Approved Disapproved Board Date: _____

Signature of Assistant of Superintendent of Human Resources Authorized School Board Signature