PROCEDURES FOR MANAGEMENT OF REQUESTS FOR PROFESSIONAL LEAVE OF ABSENCE

One way that professional staff employees may improve the quality of The School District’s services is to participate in opportunities for professional growth. Professional leaves of absence for educational and professional purposes which will exceed one (1) school month may be granted for up to two (2) years subject to periodic and/or annual review and to the following procedures:

1. A request must be submitted on the appropriate form to Personnel Services specifically explaining the nature of the leave and the purposes for which the leave is to be used.

2. Whenever practicable, the written request must contain the signature of the employee’s supervisor(s) indicating knowledge of the request.

3. Professional staff may be approved for leave of absence for educational purposes without loss of salary status when:
   a. the leave is for the purpose of enrollment in a college/university as a full-time student (minimum of 12 semester hours or equivalent as defined by the college/university and
   b. the general program of study is an approved program area directly related to the needs of The District.

4. Administrative employees, who have accepted voluntary demotion to teacher status, and other professional staff employees may be approved for leave of absence for professional purposes when the leave is for the purpose of gainful employment with a Kentucky city, county or state department/agency with which The District interacts, or with the Teachers’ Retirement System, or in an approved exchange program. With the exception of approved exchange programs, professional purposes do not include employment in another public school district or a nonpublic entity.

5. A professional leave of absence may be renewed for an additional period of time after review and approval by appropriate administrative personnel.

6. Professional leaves of absence will be reviewed at least annually and proof of participation in the educational/professional activity for which the leave was requested will be required.

7. When returning from an approved professional leave, the employee will be assigned to the first available vacancy for which they are certified.

8. Upon return to service from a professional leave of absence, the employee will resume teacher contract status and be placed on the teacher’s salary schedule at the appropriate level according to salary placement rules.

9. Upon written request for consideration, employees returning to the district as a teacher may, without application of all steps of the promotional procedures, be appointed to a vacant position at the administrative level held in the district at the time a professional leave was approved. Such appointments will be made based upon consideration of affirmative action balance, evaluative material in the personnel file, and recommendations of the Superintendent.

10. The Superintendent may waive provisions of these procedures in circumstances involving the legitimate interests of the school district.

REQUEST FOR PROFESSIONAL LEAVE OF ABSENCE
(FOR MORE THAN ONE (1) SCHOOL MONTH)

I, ____________________________, hereby request an unpaid extended Professional Leave of Absence from my employment with the Jefferson County Public School District in order to participate in the following specific professional or educational opportunity.

I have carefully read and understand the attached PROCEDURE FOR MANAGEMENT OF REQUESTS FOR PROFESSIONAL LEAVE OF ABSENCE. I make this request with the full knowledge and understanding of the applicability of these procedures to this request which includes the fact that I will be assigned to the first available vacancy for which I am certified. I wish to comply with all applicable prerequisite requirements.

I wish for this leave of absence to take effect ____________________ and expect to again be available for a work assignment on ____________________.

_________________________________________  ____________________________
Signature of Employee                        Date

_________________________________________  ____________________________
Signature of Supervisor                      Date