

Personnel - All Employees

LEAVE OF ABSENCE AGREEMENT

_____, _____
(Date)

The Board of Education of
Washington County School District 0024,
a/k/a Arlington Public Schools
705 N. 9th, Box 580
Arlington, Nebraska 68002-0580

RE: Request for Leave of Absence by _____(Name of Teacher)

Dear Board Members:

Please be advised that I hereby request a continuation of my leave of absence, if any, for the balance of the ____-____ school year and for the entire ____-____ school year. Such leave of absence would include the period from _____, _____, through and including _____, _____. I request that this leave of absence be without any pay except long term disability benefits, and, upon acceptance of this request, agree that this leave of absence be on the following terms and conditions:

1. I understand and agree that I am not eligible for Family Medical Leave Act (FMLA) leave, and in any event further agree that the work days missed during my leave of absence shall count against leave days which might be available under the FMLA for the ____-____ FMLA year (_____, _____ through _____, _____), and for the ____-____ FMLA year.
2. I understand and agree that I will receive no salary, pay, compensation, health insurance benefits, or other fringe benefits except long term disability benefits. I further understand and agree with regard to health insurance that I may obtain health insurance at my cost through the exercise of my rights under COBRA. I further understand that I am responsible for seeing that continued health insurance coverage is arranged and for taking all necessary action and signing all necessary papers which may be required to continue such coverage; and further hereby agree to release and to hold the district harmless from any and all problems or claims which I may have with regard to continued health insurance or other fringe benefits whatsoever, or any fringe benefit accrual during my leave of absence.

3. I understand and agree that because my leave of absence has extended to more than one-half of the _____-_____ school year, I will receive no credit for movement or advancement on the salary schedule, and the _____-_____ school year will not count for seniority regarding reduction in force or otherwise. I further understand and agree that because my leave of absence will continue for the entire _____-_____ school year, I will receive no credit for movement or advancement on the salary schedule, and the _____-_____ school year will not count for seniority regarding reduction in force or otherwise.
4. I hereby acknowledge and affirm that at this time I am not able to return to work. In consideration of continued leave for the remainder of the _____-_____ school year and the entire _____-_____ school year, and the School District not taking action on my contract, I agree to submit to the Superintendent, on or before _____, _____, written certification from my health care providers establishing that I am or will be able to return to work and be able to perform the essential functions of my position or the position to which I may be assigned upon my return (with or without reasonable accommodation, excepting it is agreed that continued leave or time off would not be a reasonable accommodation) as of the commencement of the _____-_____ school year. I further agree to and do hereby resign from my employment with the School District, effective _____, _____, provided that this resignation shall be treated as having been withdrawn by me and as not having been accepted by the School District or its Board, in the event I submit the required certification. The Board of Education of the School District may take action to accept the above resignation on the above stated terms upon receipt of the letters. I agree that the terms of this Request for Leave of Absence shall control over any other terms of the Teacher's Contract.
5. I understand and agree that my teaching assignment upon my return from the leave of absence may be different from my current teaching assignment, and I agree to perform the duties as assigned upon my return. I further agree that I will be required to hold a valid Nebraska teaching certificate and to be fully qualified to teach upon my return.
6. I understand and agree that all the terms and conditions of this leave of absence shall be material provisions of my teaching contract with the school district, and that failure to meet these terms and conditions shall constitute just cause for cancellation, termination or non-renewal of my teaching contract with the school district.

I understand that these are the terms and conditions of my request for leave of absence, and that upon acceptance of my request for a leave of absence these terms and conditions shall become binding and a part of my employment contract.

Sincerely,

(Name of Teacher)

ACCEPTANCE

The Board of Education of the Arlington Public School District by resolution passed on the ___ day of _____, _____, a copy of which is attached hereto, accepted the request of _____ (teacher's name) for a leave of absence and resignation subject to and on the terms and conditions set forth above.

Dated this ___ day of _____, _____.

President, Board of Education
Arlington Public School District

Reviewed: February 8, 2016; February 14, 2022