

Date: _____

To: _____

Building Principal

REQUEST FOR SICK LEAVE (Due to Pregnancy) and/or CHILD CARE LEAVE

Name: _____

(Employee shall be eligible for either one or both of the options provided by Master Agreement and/or District Policy.)

I hereby request the following leave:

_____ Sick Leave (Due to Pregnancy)

Dates of Leave _____

This request to use accrued Sick Leave will require a medical statement from a licensed physician who will determine that the employee is unable to work due to pregnancy or child birth disabilities. The estimated delivery date is _____.

_____ Child Care Leave (Without Pay)

Dates of Leave _____

If the reason for Child Care Leave is the birth or adoption of a child, the estimated delivery or adoption date is: _____.

****If you are a probationary teacher, please sign this document and continue on to review and consider signing the form on the back of this form.****

Applicant's Signature _____

Date: _____

Superintendent/Designee Signature: _____

Date: _____

Board Action: Date: _____

Approved _____

Not Approved _____

If not approved, state reasons: _____

Date: _____

To: _____
Building Principal

RE: Extension of Probationary Period for Child Care Leave

Article XI, section 4, subd. 8 of the master agreement between the exclusive representative of the teachers and Independent School District No. 518 states in relevant part:

The parties agree that the applicable periods for probation for teachers as set forth in Minnesota Statutes are intended to be periods of actual service enabling the School District to have opportunity to evaluate a teacher's performance. The parties agree, therefore, that periods of time for which the teacher is on child care leave shall not be counted in determining the completion of the probationary period. The School District and the teacher will enter into an individual agreement extending the probationary period by an amount of time at least equal to the length of the Child Care Leave and to the end of the school year. The School District will insert the necessary language for such an agreement on the Child Care Leave application form.

Consistent with this provision you are requested to sign this form which will extend your status and rights under Minnesota law as a probationary teacher by an amount of time that equals the length of your child care leave and then to the end of the school year. To calculate the extension of your probationary status and rights, please fill in the following information:

1. I first began regular and/or full-year substitute teaching services as an employee of Independent School District No. 518 on _____.
(Date)

2. Check which of the following two options applies to you:

_____ one (1) year probationary period; or
_____ three (3) year probationary period

I agree to extend both my probationary period and my rights as a probationary teacher under the law, both of which are consistent with the provisions of Article XI, section 4, subd. 8 as set forth above. I do this voluntarily and with knowledge of its effect after having the opportunity to consult with legal counsel and/or my union representative. I understand and agree that my probationary period and my rights as a probationary teacher under the law will be extended to the end of the next school year which follows the school year which would have been my last probationary year if I had not agreed to this extension.

(Employee Signature)

Dated: _____ day of _____, 20__

Revised: April 20, 2000