



## LEWIS COUNTY SCHOOLS

239 Court Avenue  
Weston, West Virginia 26452  
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### ***Interim Superintendent***

Steven S. Casto

### ***Board of Education***

Paul Derico, President  
Debbie Clem  
Sylvia McNeish  
Robert L. Mitchell  
Tori Zielinski

Dear Employee:

This letter is to notify you of your responsibilities regarding a Leave of Absence.

1. You must fill out the form letter that is included in this packet to request a leave of absence from the Board. Your absence can be Personal or Medical, depending on your situation. Your request must include an expected return to work date, and if applicable, a letter from your physician.
2. You will not receive a paycheck.
3. Timesheets MUST be turned into your supervisor for every week. Please mark the absence code for each day you would have normally worked - SICK for the balance of your leave and then LOA for the remainder of your absence. Please see payroll if you need copies of timesheets.
4. If you do not work 133 days during the fiscal year, you will not earn a year of service.
5. For a MEDICAL LOA, a monthly Doctor's Excuse is required with a return to work date.
6. If your leave is associated with continuing your education, you will need to turn in proof of enrollment to the Personnel Office.
7. The maximum time for a MEDICAL LOA due to pregnancy is 12 weeks. Any LOA requested beyond that would be considered a PERSONAL LOA.
8. You are responsible for your insurance premium payments. We will continue to pay them on your behalf, but for MEDICAL leaves of absence you must pay the employee portion of your premiums, and for PERSONAL leaves of absence you are required to pay the employee AND employer portion of premiums. All payments must be received in the Payroll Office by the 10<sup>th</sup> of each month. If we do not receive your premium payment, we will terminate your insurance coverage. Please make checks payable to the "*Lewis County Board of Education.*"
9. On a leave of absence you will not accrue any levy supplements that are part of your regular pay. This includes the Levy Medical Supplement (subtracted monthly from your insurance premiums) and the Levy Salary Supplement (paid on June 15).
10. If you must delay your return to work date, you must request an additional leave of absence from the Board, in writing.
11. You will not be permitted to attend any training while on LOA. In order to be paid for attending the event, you would be considered to have returned to work, and to be off after would require an additional, separate, leave of absence to be approved by the Board.
12. Your leave balances may be adjusted depending on the number of days you work/earn. You could be required to pay back the Board if you do not earn days you have already used.
13. If you have a disability policy you may qualify to receive benefits now. Please contact payroll for more information.

To: Lewis County Board of Education

From: \_\_\_\_\_

Date: \_\_\_\_\_

Re: Request for Leave of Absence

I am hereby requesting a leave of absence from \_\_\_\_\_ to \_\_\_\_\_ upon  
(Date) (Date)  
exhaustion of all personal leave days, if necessary. I am requesting one or more of the following:

- Donated Days (Medical Leave)
- Sick Leave Bank Draw (Medical Leave. Max 20 days and/or 2 draws per year. Must be a member)
- Unpaid Medical Leave of Absence
- Unpaid Personal Leave of Absence (Must also pay employer portion of insurance)

I understand that all leave will be applied in accordance with policy and that I am responsible for the payment of insurance premiums to the Lewis County Board of Education when I no longer receive enough pay to cover the premiums.

\_\_\_\_\_  
Employee Signature

To be completed by Finance

- Employee has (will have) exhausted all leave, if necessary, and is eligible to request leave without pay in accordance with policy.

|           |       |      |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

To be completed by Board

- Doctor's Excuse Attached (Required for all Medical Leaves of Absence)
- Approved
- Not Approved

\_\_\_\_\_  
Date of Board Action