Oklahoma City Public Schools
Human Resources
900 N. Klein, Oklahoma City, OK 73106

Request for Unpaid Leave of Absence (LOA)

Employee ID#_____ Date: _____ Hire Date_____

Employee Name: (Last)_____ (First)_____

Personal Phone: _____ Personal Email (not okcps): _____

Name of Immediate Supervisor: _____ Department _____

☐ I understand a minimum of two (2) years of qualifying services has to be completed with the District to be eligible to apply for an unpaid non-cumulative leave of absence.

☐ I understand that a written explanation for the requested leave of absence must accompany this form

☐ I understand Leave of absence is for one (1) contractual year or the remainder of the contractual year if it has begun.

☐ I understand a written request for reinstatement following a leave of absence shall be filed in Human Resources on or before the close of business on April 15, for the following contractual school year.

☐ I understand failure to submit a request for reinstatement terminates affiliation (employment) with the Board of Education at the expiration of the leave of absence.

☐ I understand I will not lose nor will not accrue leave while on leave of absence (LOA).

☐ I understand my employee Board Paid insurance will stop while on leave of absence and I will receive a COBRA notice within 30 days from the start date of the unpaid leave of absence (LOA).

☐ I understand a leave of absence will not count towards experience for retirement or OSDE.

☐ I understand a Fitness for Duty Certification is required when returning from a medical leave of absence. The Fitness for Duty is to be turned into HR by June 1st, when a letter for reinstatement has been submitted by April 15th; or upon an unrestricted Fitness for Duty during the fiscal year.

I hereby request an unpaid leave of absence from _____ until _____ for the following reason:

☐Maternity
☐Military Service
☐Teaching Abroad*
☐Critical Illness for Self
☐Election to Public Office
☐Rearing a Child
☐Education
☐Critical Illness for Immediate Family

**Please refer to your CBA for specific guidelines*

By signing below, you certify that you have read and understand this agreement, that you know and understand the meaning and intent of this agreement and that you are entering this agreement knowingly and voluntarily.

Applicant Signature / Date _____

Chief Human Resources Officer / Date _____

☐Approved ☐ Denied (to be filled in by CHRO)