

**SPENCER COUNTY PUBLIC SCHOOLS**  
**Board of Education Agenda Item**

Item # \_\_\_\_\_ Meeting Date October 27, 2014

Topic/Title Request for Extended Disability Leave

Presenter \_\_\_\_\_

**Origin**

\_\_\_\_\_ Topic presented for information only (*no board action required*).

\_\_\_\_\_ Action requested at this meeting.

X Item is on the consent agenda for approval.

\_\_\_\_\_ Action requested at future meeting, \_\_\_\_\_ (date).

\_\_\_\_\_ Board review required by –

\_\_\_\_\_ State or federal law or regulation

\_\_\_\_\_ Board of Education policy

\_\_\_\_\_ Other \_\_\_\_\_

**Previous Review, Discussion or Action**

\_\_\_\_\_ No previous Board review, discussion or action

\_\_\_\_\_ Previous review or action

Date \_\_\_\_\_

Action \_\_\_\_\_

**Background/Summary of Information**

Celia Jewell, Instructional Assistant, is requesting extended disability for the 2014-15 school year.

**Impact on Resources (REQUIRES FINANCE OFFICER'S INITIALS OF REVIEW)**

\_\_\_\_\_ Finance Officer

**Timetable for Further Review or Action**

**SUPERINTENDENT'S RECOMMENDATION**

Recommend based on -

**Policy 03.2234 – Classified Personnel – Extended Disability**

Unpaid disability leave may be granted by the Board, upon written request, for up to the remainder of the contract year. Thereafter, leave may be extended by the Board in one (1) year periods.

10-2-14

I Celia Jewell would like to apply  
for Long Term Disability due to my  
health.

Thanks,  
Celia Jewell

IF any questions please call at:

502-294-4610