

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

Item # \_\_\_\_\_ Meeting Date February 25, 2019

Topic/Title Extended Disability Leave Request

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**

Extended disability leave request for Shannan Slone.

**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 03.1234 – Certified Personnel – Extended Disability Leave

Unpaid disability leave shall be granted by the Board, upon written request, for up to the remainder of the school year.

# Request for extended disability leave

Slone, Shannan

Tue 2/19/2019 11:38 AM

To: Adams, Charles (Superintendent) <charles.adams@spencer.kyschools.us>;

**Dear Mr. Adams,**

**Due to ongoing health issues, I am writing to request extended disability leave for the remainder of the 2018-2019 school year.**

**Thank you for your consideration,  
Shannan Slone**