

SPENCER COUNTY PUBLIC SCHOOLS
Board of Education Agenda Item

Item # _____ **Meeting Date** March 25, 2019

Topic/Title Extended Disability Leave Request

Presenter _____

Origin

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

X _____ **Action requested at this meeting.**

_____ **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 Brenda Sharp.

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 – 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.

I am requesting ~~Extended~~ Disability
leave for the remainder of 2019 School year

Brenda

Sharp

2H

3-19-19