

Dates requested
Jan 13 - 31, 2025

PERSONNEL

03.1235 AP.2

- CERTIFIED PERSONNEL -

Educational/Professional Leave Request

Certified employees may be granted a leave of absence from the district not to exceed two (2) consecutive years at no cost to the district, pursuant to the terms of Policy 03.1235. This completed form must be received and acted upon sixty (60) days prior to the opening of the affected school term.

Employee's Name Mary C Livingood

Position/School 8th Grade Math Bourbon County Middle School

Leave is requested for the 24-25 school year.

Number of years employed in the District? 6

Previously received educational leave in this District? No Yes, when _____

If granted, what will be the purpose of this leave? _____

To complete 125 observation & direct hours for school counseling practicum through the University of the cumberlands, to finish the program.

How will the granting of this leave enhance your professional skills to the benefit of the District?

Direct student engagement - Deeper understanding of students emotional and behavioral needs. Refining skills in individual & group counseling, conflict resolution & crisis intervention will enhance student well-being & academic success.

If this leave request is approved by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.123, 03.1235, and the terms of my employment contract.

Mary C Livingood
Employee's Signature

9/16/24
Date

[Signature]
Supervisor's Signature

9/27/24
Date

[Signature]
Superintendent's/designee's Signature

9/27/24
Date

LEAVE REQUEST WAS APPROVED DENIED BY BOARD AT ITS _____ MEETING.

Date

Review/Revised: 7/15/2004