



**Loudoun County Public Schools**  
**Department of Personnel Services**

**Request for: EDUCATIONAL – LEAVE WITHOUT PAY §7 – 58**  
**Submit calendar 30 days prior to leave**

Name: \_\_\_\_\_ PID: \_\_\_\_\_  
(Print)  
Position: \_\_\_\_\_ Location: \_\_\_\_\_

- I hereby request Educational Leave without pay under the provisions of §7 - 58 of Policies and Regulations for the period of time:  
**From:** \_\_\_\_\_ **Through:** \_\_\_\_\_
- I understand that the request for educational leave is for a period of not more than fourteen (14) weeks, which must coincide with a term at an accredited university or college. *Leave greater than fourteen (14) weeks, must be approved by the Superintendent of Loudoun County Public Schools.*
- I hereby submit, as requested, supporting documentation of the degree/certification requirements and program schedule. (See attachments)
- I understand that during the educational leave, it is my responsibility to make arrangements with the LCPS Health, Wellness and Benefits Programs at 571 252-1810, regarding my health insurance coverage.
- I understand that during the educational leave without pay, it is my responsibility for the purchase of any Virginia Retirement Service credit for which I am eligible and life insurance. It is my responsibility to make arrangements with LCPS Retirement & Disability Programs at 571 252-1690.
- I understand that during the educational leave without pay, that all of my voluntary employee benefits will cease and that it is my responsibility to re-enroll within 30 days of my return by filling out the appropriate official enrollment form.
- I understand that during the educational leave, there will be no change in my employment status. A suitable substitute will be employed in anticipation of my return to the position vacated as a result of the educational leave.  
*(Please submit Substitute Name with request)*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date:

<input type="checkbox"/> Request Approved <input type="checkbox"/> Approved As an Exception <input type="checkbox"/> Request Denied  _____ <b>Principal/Supervisor</b> <b>Date:</b> _____	<input type="checkbox"/> Request Approved <input type="checkbox"/> Approved As an Exception <input type="checkbox"/> Request Denied  _____ <b>Assistant Superintendent for Personnel Services</b> <b>Date:</b> _____
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