HR0005
Rev. 4/26

REQUEST FOR CHANGE OF STATUS

Lincoln Public Schools Human Resources • Lincoln, Nebraska

Last Name _____ First Name _____ M.I. _____ Employee ID # _____ Phone # _____

Home Address _____ City/State/Zip _____ Personal Email _____

Present Position(s) _____ School(s)/Department _____

☐ Continuing Contract Amendment
I am requesting to amend my continuing contract. I understand that by transferring from a position with a continuing contract to an at-will or classified administrator position that I will no longer be tenured or have any other continuing contract rights under Neb. Rev. Stat. §§ 79-824 to 842 with Lincoln Public Schools.

☐ I am returning from a Leave of Absence

If one of the above two boxes have been selected, please do not complete the Separation or Unpaid Leave of Absence sections of this form. Proceed to add comments and sign and date the form before submission.

COMPLETE APPROPRIATE SECTION

SEPARATION

Last Day Worked: _____

☐ Check this box if you plan to work during the summer months (Including Summer School).

Reason:

☐ Academic
☐ Family Responsibilities
☐ Health/Disability
☐ Maternity
☐ Military
☐ Moving from City
☐ Other Employment
☐ Spouse Transferred
☐ Retirement
☐ Retirement-Health
☐ Personal (Other)
☐ Position Eliminated
☐ Termination

State law indicates employees who retire under the school retirement plan will be unable to work or provide service to LPS OF ANY KIND for a period of 120 days. LPS cannot prearrange for you to return. Once the 120-day separation period is completed, you may apply for re-employment with LPS.

If resigning between 55 and 59 ½ years of age and eligible for the district's Non-Elective 403(b) Plan: By this request I am severing all employment relations with LPS. I agree that no one has promised me and that I have no expectation of rehire or reemployment in any form with LPS. I further specifically agree that LPS will not accept an application for employment from me for any position including substitute or temporary employee, for at least 120 days following my severance. I further understand that if I should become reemployed in any form with LPS prior to age 59 ½, I will be ineligible to receive further benefit distributions from my 403(b) account(s) as long as I remain so reemployed or I reach age 59 ½.

UNPAID LEAVE OF ABSENCE

Refer to Handbook/Negotiated Agreement for eligibility.

Leave of Absence requested: _____ FTE (ex. 1.00 FTE)
(Full Time Equivalent = employee's scheduled hours / hours for full-time workweek)

Dates of Leave: _____ to _____

Last Day Worked: _____

Reason:

Certificated Staff Only (Section 8-9):

☐ Academic
☐ Alternate Employment
☐ Elected Office
☐ Moving
☐ Spouse Transferred
☐ Surplus/Position Eliminated
☐ Family Leave*

All Staff:

☐ ADA
☐ Health*
☐ Maternity*
☐ Military*

*Federal law requires us to notify you of your rights under the Family and Medical Leave Act. If eligible, any leave of absence available and approved by the District will run concurrent with FMLA rights. See the Classified/Certified Handbooks for more details.

Comments: _____

Employee Signature: _____ **Date:** _____

*****SEND ORIGINAL TO HUMAN RESOURCES AT SJDLC-Box 33. KEEP COPY FOR YOUR RECORDS*****

FOR HUMAN RESOURCES USE ONLY:

☐ Approved ☐ Declined Reason for Declined: _____

Separation: ☐ Voluntary ☐ Involuntary

_____ _____
Associate Superintendent for Human Resources/Designee Date