

REQUEST FOR CHANGE OF STATUS

Human Resources
Lincoln Public Schools • Lincoln, Nebraska

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

Home Address City/State/Zip Personal Email

Present Position(s) School(s)/Department

I am returning from a Leave of Absence
(Check this box then add any comments and sign at the bottom of this form. You do not need to complete section below.)

COMPLETE APPROPRIATE SECTION

SEPARATION

Last Day Worked: _____

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

Reason:

- | | |
|--|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Spouse Transferred |
| <input type="checkbox"/> Family Responsibilities | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Health/Disability | <input type="checkbox"/> Retirement-Health |
| <input type="checkbox"/> Maternity | <input type="checkbox"/> Personal (Other) |
| <input type="checkbox"/> Military | <input type="checkbox"/> Position Eliminated |
| <input type="checkbox"/> Moving from City | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Other Employment | |

If resigning between 55 and 59 1/2 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 180 days following my severance. I further understand that if I should become reemployed in any form with LPS prior to age 59 1/2, 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 1/2.

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
- Moving
- Spouse Transferred
- Alternate Employment
- Elected Office
- Family Leave*

All Staff:

- Military*
- Health*
- Maternity*
- ADA

*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

Pay Grade & Step: _____

Effective Date: _____

Board Date: _____

Extra Standard Assignment(s) Y: N:

Associate Superintendent for Human Resources/Designee Date