

ASSOCIATION LEAVE

It is the purpose of this policy to ensure that the employee associations are not subsidized by taxpayer funds. The Board hereby elects not to allow paid association leave to its employees.

As used herein, the term “association” means certified and classified employee associations, and the term “association leave” means leave from the employee’s regular employment responsibilities granted for that employee to spend time for association or union duties.

The Board recognizes the right of its employees to join and take part in certified and classified employee associations. Employees who accept association offices and/or duties which will require their absence from their employment, or which otherwise will encroach upon the time they normally spend on their job related responsibilities, are advised to consult with their immediate supervisor regarding the impact their office or duties will have on performing their responsibilities.

All association leave taken by Nebo School District employees is unpaid leave unless their absence from work is requested by the Superintendent or his/her designee. In addition, no employee of the District shall be permitted to take unpaid association leave unless they first obtain written permission on Form No. 106.1, “Request for Association Leave”. This request must be submitted by the association president and pre-approved by the Superintendent.

The District will not allow reduced work schedules or extended time off for any employee for association business.

Willful violation of this policy shall subject the employee to disciplinary action under Utah Code, Section 53A-8-104.

Approved: 6-18-02

References:

Utah Code, Section 53A-3-425

NEBO SCHOOL DISTRICT Request for Association Leave

Date: _____

To: _____, Superintendent

From: _____, Association President Making Request

Name(s) of employee(s): _____

Name of Association: _____

Name of School or Department: _____

Principal or Supervisor: _____

Activity Requiring Association Leave: _____

Time(s) and Date(s) of the Activity: _____

Location of Activity: _____

Signature: _____

Superintendent

Note: All requests should be submitted to the Superintendent at least two (2) weeks in advance of the activity. A copy of this form will be submitted to the Payroll Office by the Superintendent for salary adjustment.



