REQUEST FOR LEAVE | 2026-2027

(for extenuating circumstances)

This form must be completed by anyone requesting leave with **extenuating circumstances only**. This means if you are applying for leave that does not comply with your current bargaining agreement between HFM BOCES and your association, or if it extends beyond your accrued leave, you must fill out this form. All other requests for which you are using your regular available leave accruals, in accordance with your collective bargaining agreement, must be made through Frontline.

The information below must be completed and submitted to and discussed with your principal or supervisor for approval. The nature of the circumstances **must be outlined** in the request and additional pages can be attached if necessary. You should also explain what circumstances led to not having leave accruals available to you. The request shall be subject to the approval of the Executive Team, District Superintendent, and/or the Board of Education. Please note, due to the meeting schedule for the Board of Education and required deadlines for adding items to their agenda, this form should be submitted **at least 4 weeks** before the requested date. In addition, any supporting documentation should be attached. Upon receiving approval of your request for leave, you must also enter the absence in Frontline.

In regard to unpaid time, in addition to not being paid for the days that you do not work, HFM BOCES will also deduct an additional amount from your paycheck to cover the cost of health and dental benefits for the days for which you did not work. The specific per diem charges are on the back of this form. If you have any questions about the exact charge, please reach out to the Office of Human Resources.

Employee's Name (Printed): _____ **Position:** _____

Hire Date: _____ **Location:** _____ **Date(s) Requested:** _____

Explanation of Circumstance and Leave Time Requested (attach additional sheets if necessary):
☐ **Bereavement** ☐ **Emergency Day** ☐ **Personal** ☐ **Unpaid-(all leave time exhausted)** ☐ **Other-Explain below**

_____

_____

_____

Will a Substitute Required? ☐Yes ☐No

Employee's Signature: _____ **Date:** _____

Principal/ Supervisor	**Approved**	**Denied**	**Signature/Date**
	☐	☐	_____ ___/___/___
Executive Team Member	**Approved**	**Denied**	**Signature/Date**
	☐	☐	_____ ___/___/___
District Super-intendent or designee	**Approved**	**Denied**	**Signature/Date**
	☐	☐	_____ ___/___/___
	Board of Education Approval Required? ☐Yes ☐No		

CC: Human Resources, Payroll, Clerk of the Board of Education, Personnel File

The per diem deduction from your paycheck* for unpaid days depends on the level of plan for which you are subscribed. The deduction will include your portion of health and dental, cumulatively, as indicated below. If you do not subscribe to the HFM BOCES Health Insurance Plan, but you receive a buyout, there will be a per diem deduction to cover the buyout for the days in which you are not paid. If you're unsure of which plan you are subscribed to or what your total per diem deduction will be, you can check your paystub on WinCapWeb or call the Office of Human Resources for assistance.

26-27 Health

			Employee Daily Payroll Deduction - SWAIM (TRS)		Employee Daily Payroll Deduction - ACTUAL (ERS)	
Plan	26-27 Total Premium	BOCES Annual Premium	12 Month Employee (240 Days)	10 Month Employee (200 Days)	12 Month Employee (261 Days)	10 Month Employee (185 Days)
Single	15,347.04	13,044.98	54.35	65.22	49.98	70.51
2 Person	29,543.76	25,112.20	104.63	125.56	96.22	135.74
Family	38,380.44	32,623.37	135.93	163.12	124.99	176.34

26-27 Dental

			Employee Daily Payroll Deduction - SWAIM (TRS)		Employee Daily Payroll Deduction - ACTUAL (ERS)	
Plan	26-27 Total Premium	BOCES Annual Premium	12 Month Employee (240 Days)	10 Month Employee (200 Days)	12 Month Employee (261 Days)	10 Month Employee (185 Days)
Single	631.44	536.76	2.24	2.68	2.06	2.90
2-Person	1,218.36	1,035.60	4.32	5.18	3.97	5.60
Family	1,923.84	1,635.24	6.81	8.18	6.27	8.84

Buyout	10.42	12.50	9.58	13.51

*The only exclusion from this deduction will be time taken under an approved FMLA leave which requires separate forms and a doctor's certification.

Please note: When taking unpaid leave, your seniority date and probationary period will also be adjusted.