

EDUCATOR LEAVE WITHOUT PAY AGREEMENT

This document represents an agreement between the Department of Defense Dependents Schools and the undersigned educator.

I understand that this agreement is contingent upon satisfactory completion of the program described in my application, and timely provision of the documentation verifying completion. **I will submit in writing for approval any changes to the agreed program of study prior to instituting those changes. I will submit to the Human Resources Division (ATTN: Lisa Christopher), DoDDS-E, Unit 29649, Box 7100, APO AE 09002-7100, transcripts or grade reports for the courses completed not later than 90 days from quarter, semester, or end of other grading periods. Further, I will provide official documentation that I have satisfactorily completed the program, as described in my request, not later than June 30, 2012.**

I will notify the Human Resources Division (ATTN: Lisa Christopher), DoDDS-E at 011-49-611-380-7563 or fax number 011-49-611-380-7122 prior to December 15, 2011, of my intent to return to DoDDS. I understand that I may indicate placement preferences in my notification letter of return. The Director will consider my request in making placements. It is understood, however, the placement may be made to any position (teaching category and location) within DoDDS.

I understand that failure to comply with the above may result in my loss of employment with DoDDS.

Printed Name of Educator

Signature of Educator

APPROVED BY: _____

KIMBERLEE A. McLAUGHLIN
Director, Human Resources Division

DATE APPROVED: _____