



Loyalsock Township School District Unpaid Leave  
Benefit Expense Acknowledgement

In accordance with Policy #339, Uncompensated Leave, I understand that I am responsible to reimburse the District for the current cost of my benefits for each day of my approved absence without pay.

The daily benefit cost will include District-sponsored benefits and Employee-elected benefits, calculated at the established rates for the current school year.

I elect to pay my benefit expense by submitting a personal check, payable to Loyalsock Township School District, sent to the attention of Jamie Sortman at the District Service Center.

Employee Name (please print) \_\_\_\_\_

Date(s) of approved unpaid leave \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

*This form must be completed and forwarded to Jamie Sortman, Payroll and Benefits Administrator, District Service Center **prior** to the date of the leave.*