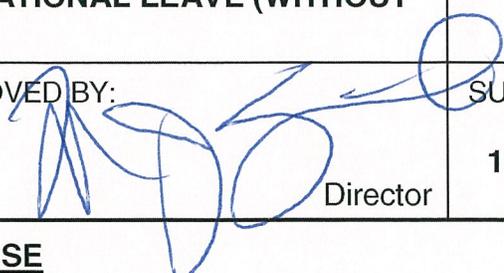




DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT EDUCATIONAL LEAVE (WITHOUT PAY)	POLICY NO. 604.01	EFFECTIVE DATE 02/02/2015	PAGE 1 of 2
APPROVED BY:  Director	SUPERSEDES 10/01/1989	ORIGINAL ISSUE DATE 04/02/1979	DISTRIBUTION LEVEL(S) 1

PURPOSE

- 1.1 To govern educational leave with the objective of benefiting the Los Angeles County Department of Mental Health (LACDMH) by enabling employees to improve their professional skill and competency.

DEFINITION

- 2.1 **Educational Leave:** Leave for the purpose of obtaining a degree or certification from, or otherwise completing a specified program in an accredited college, university, or institute.

POLICY

- 3.1 The LACDMH may grant an educational leave of absence without pay not to exceed twelve (12) months, to any permanent employee who has at least three (3) years of continuous service with the County, provided the employee completes a Request for Leave of Absence Form (Attachment 1) that is approved by his/her Deputy Director.

PROCEDURE

- 4.1 A formal application for an educational leave of absence shall be submitted to the Deputy Director, or designee, through the appropriate supervisory channels at least three (3) months prior to date such leave will commence. The application shall include and be accompanied by the details of the applicant's plan, along with a statement of the benefits that would be derived by the County and LACDMH obtained from the course of study.
- 4.2 Justification for requested educational leave shall include the following information:



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- 4.2.1 Any interest and capability for the academic goals identified.
- 4.2.2 Any demonstrated interest and capability for the work.
- 4.2.3 Identification of a course of study that will significantly add to the employee’s effectiveness on the job and be of benefit to the County.
- 4.2.4 Identification of requirements to achieve the degree or certificate and the time required for completion.
- 4.2.5 Evidence of having been accepted by an accredited school.

AUTHORITY

- 1. LACDMH Administrative Directive

ATTACHMENT

- 1. Request for Leave of Absence Form

RESPONSIBLE PARTY

LACDMH Human Resources Bureau