



Human Resource Services  
**Request for Leave of Absence**  
**Certificated and Classified Employees**

Name:	Social Security Number:
Street Address:	City/State/Zip:
Home Phone:	Work Phone:
Personal Email:	Work Email:
Position Title:	Hire Date in District (mm/dd/yy):
<u>Date Leave Begins</u> (mm/dd/yy):	<u>Date Leave Ends</u> (mm/dd/yy):
School/Department:	Subject/Grade Level (if applicable):
<u>Type of Leave:</u> <i>(Please refer to your union contract for types of leaves available.)</i>	
<p>If the above request is granted, I understand the following:</p> <ol style="list-style-type: none"> <li>1. I will contact the Benefits Office regarding benefits and insurance coverage (if any) during my leave of absence.</li> <li>2. I will comply with the requirements and conditions set forth in the union contract for the bargaining unit to which I belong.</li> <li>3. I will request any needed extension of leave in writing.</li> <li>4. I will give written notice no less than thirty (30) days before the expiration date of my leave regarding whether or not I intend to return.</li> </ol>	
Employee Signature:	Date:

**For Principal or Supervisor Use Only**

Recommend approval based on bargaining unit contract: section on Leaves.

Do not recommend approval for the following reason: \_\_\_\_\_

**I understand that all employee absences are to be reported on the Monthly Absence Report.**

\_\_\_\_\_  
Signature: Principal or Supervisor

\_\_\_\_\_  
Date:

**For Human Resource Services Use Only**

Leave Approved

Leave Not Approved

Transfer to Unassigned

\_\_\_\_\_  
Signature: Human Resource Services Designee

\_\_\_\_\_  
Date:

cc: *Principal or Supervisor, Employee, and Personnel File*