



## Request for Leave of Absence Certificated and Classified Employees

Name:	Social Security Number: _____
Street Address:	City/State/Zip: _____
Home Phone: _____	Work Phone: _____
Position Title:	Hire Date in District (mm/dd/yy): _____
Date Leave Begins (mm/dd/yy): _____	Date Leave Ends (mm/dd/yy): _____
School/Department:	Subject/Grade Level (if applicable): _____
Type of Leave: (Please refer to your union contract for types of leave available.)	
Signature: _____	Date: _____

If the above request is granted, I understand the following:

1. I will contact the Benefits Office regarding benefits and insurance coverage (if any) during my leave of absence.
2. I will comply with the requirements and conditions set forth in the union contract for the bargaining unit to which I belong.
3. I will request any needed extension of leave in writing.
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.

### For Principal or Supervisor Use Only

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

D 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

D Leave Approved

D Transfer to Unassigned

D Leave Not Approved

\_\_\_\_\_  
Signature: Personnel Specialist, Human Resource Services

\_\_\_\_\_  
Date

cc: Principal or Supervisor, Employee, Personnel File