



Request for Leave of Absence

| | | | |
|--|-------------------|---------------------|---|
| Name: | | | Last four digits of SSN: |
| Position: | | | Site: |
| Hours/Day: | Days/Week: | Months/Year: | Hire Date: |
| Contact Information While on Requested Leave: | | | Duration of Requested Leave: |
| Street Address _____ City/State/Zip _____ | | | First Day of Leave: _____ |
| Home Phone _____ Cell Phone _____ | | | Last Day of Leave: _____ |
| | | | Is this an extension of a current leave? Yes No |
| | | | If yes, current type of leave: _____ |

Type of Leave Request (refer to Board Policy or your Collective Bargaining Agreement, if applicable, for types of leave available):

| | |
|---|---|
| Health (must attach medical verification) | <input type="checkbox"/> Military (requires proof of military orders) |
| <input type="checkbox"/> Employee's Health* | <input type="checkbox"/> Personal (please explain): |
| <input type="checkbox"/> Care of spouse/child/parent* | |
| Parental (check one): | <input type="checkbox"/> Education (please explain): |
| <input type="checkbox"/> Birth of a child (expected date): | |
| <input type="checkbox"/> Adoption of a child (expected date): | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Other Parental (please explain): | |
| | |

* If requesting a reduced work schedule or intermittent leave under FMLA/CFRA, please attach a proposed work schedule

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

- I will contact the Payroll/Benefits Department regarding benefits and insurance coverage (if any) during my leave of absence.
- I will comply with the requirements and conditions set forth in Board Policy or the Collective Bargaining Agreement for the bargaining unit to which I belong.
- I will be required to submit a written request for extension of leave.
- I will provide written notice no less than thirty (30) days before the expiration of my leave regarding whether or not I intend to return, unless other timelines are specified in my Collective Bargaining Agreement for the type of leave requested.

| | |
|---------------------------|-------------|
| Employee Signature: _____ | Date: _____ |
|---------------------------|-------------|

For Principal or Supervisor Use Only

Recommend approval based on: Collective Bargaining Agreement Board Policy

Do not recommend approval for the following reason: _____

I understand that all employee absences are to be reported in Aesop.

Signature: Principal or Supervisor _____

Date _____

For Human Resources Department Use Only

Leave Approved Leave Not Approved Transfer to HR PC#

Human Resources Director _____

Date _____

Associate Superintendent _____

Date _____