



# Request for Leave of Absence

<b>Name:</b>			<b>Last four digits of SSN:</b>
<b>Position:</b>			<b>Site:</b>
<b>Hours/Day:</b>	<b>Days/Week:</b>	<b>Months/Year:</b>	<b>Hire Date:</b>
<b>Contact Information While on Requested Leave:</b>			<b>Duration of Requested Leave:</b>
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: _____
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### 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 \_\_\_\_\_