

Request for Leave of Absence

Name:			Last four digits of SSN:		
Position:			Site:		
Hours/Day:	Days/Week:	Months/Year:	Hire Date:		
<u>Contact Information While on Requested Leave:</u>			<u>Duration of Requested Leave:</u>		
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):

<input type="checkbox"/> Employee's Health (must attach medical verification)	<input type="checkbox"/> Military (requires proof of military orders)
<input type="checkbox"/> Care of spouse/child/parent (note below) *	<input type="checkbox"/> Personal (please explain):
*	
<input type="checkbox"/> Birth of a child (attach medical verification)	<input type="checkbox"/> Education (please explain):
<input type="checkbox"/> Adoption of a child	
<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Other (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 ☐

Do not recommend approval for the following reason: _____

Signature: Principal or Supervisor _____

Date _____

For Human Resources Department Use Only

☐ Leave Approved

☐ Leave Not Approved

☐ Transfer to HR PC#

Human Resources Coordinator _____

Date _____

Assistant Superintendent _____

Date _____

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