

**CERTIFICATED EMPLOYEE
REQUEST FOR LEAVE OF ABSENCE**
(MUST be submitted for any absence over 2 weeks in length)



EMPLOYEE NAME: _____ SSN OR EMPLOYEE #: _____

CURRENT ASSIGNMENT/SITE: _____

DESIRED PORTION OF LEAVE TIME: ☐ 1.0 ☐ 0.8 ☐ 0.6 ☐ 0.4 ☐ 0.2 ☐ Other: _____

DATES OF REQUESTED LEAVE: _____

TYPE OF LEAVE
(check one)

☐ INDUSTRIAL ACCIDENT & ILLNESS
CBA 10.1.1 (Req. doctor's statement)

☐ EDUCATIONAL LEAVE
CBA 10.1.17

☐ SICK LEAVE
CBA 10.1.15 (Req. doctor's statement)

☐ CHILD CARE LEAVE
w/o pay, CBA 10.1.12

☐ MATERNITY LEAVE
CBA 10.1.11 (Req. doctor's statement)

☐ CHILD BONDING LEAVE
(Must be used during 1st year of birth or adoption.)
Differential pay, Ed Code 44977.5

☐ FAMILY ILLNESS
CBA 10.1.2 (Req. doctor's statement)

☐ PERSONAL LEAVE
w/o pay, CBA 10.1.19

☐ PROFESSIONAL LEAVE
w/o pay, CBA 10.1.10

☐ MILITARY LEAVE
CBA 10.1.14

☐ SUBSTITUE PAY LEAVE (Employee will pay for sub)
CBA 10.1.8

REASON FOR REQUESTING LEAVE (Must be completed if non-medical): _____

NOTE: I understand that if I do not intend to return on the specified date, I am expected to submit either a request for an extension of my leave of absence or a letter of resignation prior to my expected date of return.

EMPLOYEE SIGNATURE: _____ DATE: _____

Principal/Supervisor's Comments _____	
Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/>	
Signature Principal/Supervisor	Date
Director's Comments _____	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Signature of Director	Date
Asst. Superintendent Comments _____	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
Signature of Asst. Superintendent-HR	Date