



REQUEST FOR LEAVE OF ABSENCE (WITHOUT PAY)

(Please complete all sections and submit to your supervisor or manager.)

CLASSIFIED

- Permanent
- Probationary

CERTIFICATED

- Regular Contract Permanent
- Regular Contract Probationary
- Temporary/Provisional Contract
- Special Contract

Last Name, First MI	Social Security Number	Job Title
Street Address	City, State ZIP	(Area Code) Phone Number
Assignment Location	Subject/Grade Level	Track

Dates Requested:

(Please indicate by Duty/School Year Calendar.)

From: ____/____/____ To: ____/____/____
Month Day Year Month Day Year

Reason for Leave of Absence Request:

Refer to Provisions of Agreement booklet for more information. (Please check **one** only.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Family Medical Leave/
California Family Rights Leave:
Following ____maternity____adoption
(DOB _____) | <input type="checkbox"/> Family Medical Leave/
California Family Rights Leave:
Other (Requires Certification of
Health Care Provider form
(Form WH-380.) |
| <input type="checkbox"/> Rest and Recreation | | |
| <input type="checkbox"/> Study | | |
| <input type="checkbox"/> Military Service (Attach copy of orders) | | |
| <input type="checkbox"/> Rest and Recuperation
(Attach Doctor Statement) | <input type="checkbox"/> Teach/Work in Another District
(more than 150 miles away): | |
| <input type="checkbox"/> Other: _____
Please Specify | _____ District Name/City/State/Job Title | |

Additional Reasons for Certificated Employees Only:

- Disability (Attach STRS Approval)
- Teach in Foreign Country
- Travel in Foreign Country

Interested in Substitute Teaching (3 days maximum per week) while on a Leave of Absence?
(Employees may **not** accept a long term assignment while on leave.)

Please circle
YES NO

Employee Signature	Date	Principal/Manager Signature	Date	Assistant/Deputy Supt. Signature	Date
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FOR HRS USE ONLY

<input type="checkbox"/> Approval – Letter Sent _____		
<input type="checkbox"/> Denied – Letter Sent: _____		
<input type="checkbox"/> On Line: _____	HRS MANAGER SIGNATURE	DATE
<input type="checkbox"/> LOA History: _____		
<input type="checkbox"/> FMLA Hours: _____	HRS DEPUTY SUPERINTENDENT SIGNATURE	DATE
<input type="checkbox"/> B/A Date: _____		