



HUMAN RESOURCE SERVICES
 1515 Hughes Way, Long Beach, CA 90810
 (562) 997-8204

REQUEST FOR ABSENCE DUE TO ADOPTION

In advance of the adoption, the employee shall notify the appropriate manager of the anticipated beginning and ending dates of the absence. When possible, please provide at least 30 days advance notice. The maximum length of paid adoption leave shall be six (6) weeks.

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
School/Site	Track Job Title	Grade/Subject Taught
_____	_____	_____
Home Address	City	Zip Code Phone No.

I request my absence for the purpose of adoption from _____ to _____.
Beginning Date Ending Date

I understand that my absence will be charged to my sick leave/vacation/statutory leave balance. I also understand that if I exhaust my accumulated leave balance, the remaining time will be in leave-without-pay status.

Following my adoption leave:

- I intend to return to work on above-stated date.
- I do not plan to return to work at this time. I intend to request family leave/child care.
 (Please complete and submit *Request for Leave of Absence (Without Pay)* form.)

I understand that I must provide legal verification of the adoption to my immediate manager before I return to work on the date stated above.

 Signature of Employee

 Date