long beach unified school district

HUMAN RESOURCE SERVICES

1515 Hughes Way, Long Beach, CA 90810 • (562) 997-8204

NOTE: Prior approval of the Board is required. This request is not approved until the Board of Education takes action to approve it.

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.)

- ☐ Child Care
- ☐ Rest and Recreation
- ☐ Study
- ☐ Military Service (Attach copy of orders)
- ☐ Rest and Recuperation (Attach Doctor Statement)
- ☐ Other: _____ (Please Specify)
- ☐ Family Medical Leave/ California Family Rights Leave: **Following ____maternity_____adoption** (DOB_____)
- ☐ Teach/Work in Another District (more than 150 miles away): _____ (District Name/City/State/Job Title)
- ☐ Family Medical Leave/ California Family Rights Leave: **Other** (Requires Certification of Health Care Provider form (Form WH-380.)

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

FOR HRS USE ONLY

- ☐ Approval – Letter Sent _____
- ☐ Denied – Letter Sent: _____
- ☐ On Line: _____
- ☐ LOA History: _____
- ☐ FMLA Hours: _____
- ☐ B/A Date: _____

HRS MANAGER SIGNATURE **DATE**

HRS ASSISTANT SUPERINTENDENT SIGNATURE **DATE**