

# Human Resources

## REQUEST FOR LEAVE OF ABSENCE

### SECTION 1 – TO BE COMPLETED BY THE EMPLOYEE

|                |                |                 |
|----------------|----------------|-----------------|
| Employee Name: | Classification | Site/Department |
| Address        | Phone Number:  | Date of Request |

#### Reason for Leave of Absence (CHECK ALL THAT APPLY):

- Medical
- Personal Necessity Leave
- Military Leave
- Other (Please specify in remarks)
- Extended Parental Leave/Child Bonding  
(Per Collective Bargaining Agreement)

#### CSEA (Unpaid Leaves):

- Personal Leave
- Study, Retraining, Opportunity
- Medical Leave Extension

#### ADTA (Unpaid Leaves):

- Sabbatical
- Opportunity

#### Family and Medical Leave (FMLA)/California Family Rights Act (CFRA):

- Birth of a Child or Placement of a Child (Adoption/Foster)
- To care for a  spouse,  child  parent who has a serious health condition
- My own serious health condition
- Qualifying exigency: spouse, child or parent is a military member on covered active duty or call to covered active duty status

|   |                                |  |
|---|--------------------------------|--|
| <input type="checkbox"/> Initial Request  | Requested Start Date: _____    | <input type="checkbox"/> Intermittent or Reduced Work Schedule, please specify leave needs in remarks. |
| <input type="checkbox"/> Extension of LOA | Anticipated Return Date: _____ |  |

#### Remarks:

A leave of absence is normally a leave without pay. Paid leave (accrued sick leave or vacation) **will be** substituted for all or a portion of the unpaid leave in accordance with appropriate policies/contracts.

### CLASSIFIED EMPLOYEES - ONLY

You will be required to use available vacation leave upon exhaustion of your accrued sick leave for leave due to your own illness/injury. You may request to utilize vacation leave immediately after you exhaust accrued sick leave or upon exhaustion of the 100 days of differential pay per Education Code §45196

- I wish to utilize available vacation leave immediately upon exhaustion of available paid sick leave.
- I wish to utilize available vacation leave upon exhaustion of my 100 day of differential pay per Education Code §45196

Have you or will you be filing a supplemental Disability Insurance claim?  Yes  No

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – TO BE COMPLETED BY THE DISTRICT

CHECKED IF LEAVE REQUIRES APPROVAL

#### Approval/Denial of Leave Request

- Your request for leave is **APPROVED**
- Your request for leave is **DENIED** for the following reason:

Signature: \_\_\_\_\_ Date \_\_\_\_\_

