



Request for Leave of Absence

Employee Name: _____ Date of Request: _____
 Position: _____ School/Dept: _____
 Employee ID #: _____

TO: Assistant Superintendent of Human Resources

<input type="checkbox"/> I am requesting Family and Medical Leave pursuant to Article 4.13 (FETA) or Article 13.13 (CSEA) for the following reason:
<input type="checkbox"/> The birth of a child, or placement of child with me for adoption or foster care <input type="checkbox"/> My own serious health condition <input type="checkbox"/> Because I am needed to care for my <input type="checkbox"/> spouse; <input type="checkbox"/> child; <input type="checkbox"/> parent due to his/her serious health condition <input type="checkbox"/> Because of a qualifying exigency arising out of the fact that my <input type="checkbox"/> spouse; <input type="checkbox"/> son or daughter; <input type="checkbox"/> parent is on covered active duty or call to covered active duty status with the Armed Forces <input type="checkbox"/> Because I am the <input type="checkbox"/> spouse; <input type="checkbox"/> son or daughter; <input type="checkbox"/> parent; <input type="checkbox"/> next of kin of a covered service member with a serious injury or illness

<input type="checkbox"/> I hereby request an unpaid leave of absence pursuant to Article 4 (FETA) or Article 13 (CSEA) for the following reason(s):
<input type="checkbox"/> General <input type="checkbox"/> Legislative (Certificated only) <input type="checkbox"/> Military <input type="checkbox"/> Sabbatical (Certificated only)

Beginning Date of Leave: _____	Ending Date of Leave: _____
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Please explain the reason(s) for your leave request below and attach supporting documentation if needed.

I understand that I must inform the Governing Board of my intentions to return to work for the following school year by April 15 as indicated in Article 4.15.3 (FETA). I will submit a letter to Human Resources. I understand that my unpaid leave of absence will run concurrently with Family and Medical Leave. Pursuant to FMLA/CFRA, I am entitled to request up to twelve (12) work weeks of Family and Medical Leave in a 12 month period. I understand that the District may use any accrued paid leave such as sick leave, or any other paid leave which I have accumulated for any part of the twelve (12) work week period that I am covered by Family and Medical Leave Act.

Employee Signature: _____ Date: _____

Recommend Approval <input type="checkbox"/> Request Denied <input type="checkbox"/> _____	Associate Superintendent of Human Resources _____	Date _____
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