

Human Resources Department

REQUEST FOR LEAVE OF ABSENCE

Employee Name: _____
Classification (Job Title): _____
Work Location _____
Phone Number: _____

Communications regarding your Leave of Absence will be sent to you via your District e-mail account. If you would prefer to receive communications regarding your leave at an alternate email address, please provide it below. If you would prefer to receive communications regarding your leave via US mail, notify the Human Resources Department.

E-Mail Address: _____

I am requesting a(n):

- Leave of Absence
- Extension of Leave of Absence
- Intermittent Leave/Reduced Work Schedule

Reason for Request:

- Employee's Own Serious Health Condition
- Family Member's Serious Health Condition
- Pregnancy-Related Disability
- Child Bonding Leave for Newborn
- Child Bonding Leave for Adopted or Foster Care Child
- Military Caregiver Leave
- Military Exigency Leave
- Other (Please explain below)

CSEA (Unpaid Leaves):

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

ADTA (Unpaid Leaves):

- Sabbatical
- Opportunity

Requested Start Date: _____

Anticipated Return Date: _____

Remarks:

A leave of absence is normally a leave without pay. Paid leave including current or accumulated sick leave, extended sick leave, or vacation time shall be substituted in accordance with District policies, legal provisions and Collective Bargaining Agreements.

Employee Signature _____ Date: _____

DISTRICT SECTION:

- Medical Certification Received
- Other Documentation Received

