

**CERTIFICATED EMPLOYEE
REQUEST FOR LEAVE OF ABSENCE**
(MUST be submitted for any absence over 2 weeks in length)



EMPLOYEE NAME: _____ SSN OR EMPLOYEE #: _____

CURRENT ASSIGNMENT/SITE: _____

DESIRED PORTION OF LEAVE TIME: 1.0 0.8 0.6 0.4 0.2 Other: _____

DATES OF REQUESTED LEAVE: _____

- TYPE OF LEAVE** (check one)
- | | |
|--|---|
| <input type="checkbox"/> INDUSTRIAL ACCIDENT & ILLNESS
CBA 10.1.1 (Req. doctor's statement) | <input type="checkbox"/> EDUCATIONAL LEAVE
CBA 10.1.17 |
| <input type="checkbox"/> SICK LEAVE
CBA 10.1.15 (Req. doctor's statement) | <input type="checkbox"/> CHILD CARE LEAVE
w/o pay, CBA 10.1.12 |
| <input type="checkbox"/> MATERNITY LEAVE
CBA 10.1.11 (Req. doctor's statement) | <input type="checkbox"/> PERSONAL LEAVE
w/o pay, CBA 10.1.19 |
| <input type="checkbox"/> FAMILY ILLNESS
CBA 10.1.2 (Req. doctor's statement) | <input type="checkbox"/> MILITARY LEAVE
CBA 10.1.14 |
| <input type="checkbox"/> PROFESSIONAL LEAVE
w/o pay, CBA 510.1.10 | |

REASON FOR REQUESTING LEAVE (Must be completed if non-medical): _____

NOTE: I understand that if I do not intend to return on the specified date, I am expected to submit either a request for an extension of my leave of absence or a letter of resignation prior to my expected date of return.

EMPLOYEE SIGNATURE: _____ DATE: _____

Principal/Supervisor's Comments _____ _____	
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Signature Principal/Supervisor _____	Date _____

Director's Comments _____ _____			
Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>	With Pay <input type="checkbox"/>	Without Pay <input type="checkbox"/>
Signature of Assistant Superintendent-Human Resources _____		Date _____	

Distribution: Medical: Employee Other: Employee/Supervisor/Payroll