



**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)

- INDUSTRIAL ACCIDENT & ILLNESS  
CBA 10.1.1 (Req. doctor's statement; doctor's release to return to work required)
- SICK LEAVE  
CBA 10.1.15 (Req. doctor's statement; doctor's release to return to work required)
- MATERNITY LEAVE  
CBA 10.1.11 (Req. doctor's statement)
- FAMILY ILLNESS  
CBA 10.1.2 (Req. doctor's statement)
- PROFESSIONAL LEAVE  
w/o pay, CBA 10.1.10
- SUBSTITUTE PAY LEAVE (Employee will pay for sub)  
CBA 10.1.8
- EDUCATIONAL LEAVE  
CBA 10.1.17
- CHILD CARE LEAVE  
w/o pay, CBA 10.1.12
- CHILD BONDING LEAVE  
(Must be used during 1<sup>st</sup> year of birth or adoption.)  
Differential pay, Ed Code 44977.5
- PERSONAL LEAVE  
w/o pay, CBA 10.1.19
- MILITARY LEAVE  
CBA 10.1.14

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"/>	
_____ Signature of Director	_____ Date
Asst. Superintendent Comments _____	
Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	
_____ Signature of Asst. Superintendent-HR	_____ Date