



1350 Main Street, Cambria, CA 93428

Phone: (805) 927-3880

FAX: (805) 927-0312

**REQUEST TO DISTRICT
for ANTICIPATED LEAVE OF ABSENCE**

- Complete this form for all anticipated full and partial leaves – exceeding 5 working days.
- Please complete and obtain all necessary signatures and submit to the *District Office, Attn: Kathy Barnes*

EMPLOYEE NAME	EMPLOYEE ID
MAILING ADDRESS DURING LEAVE	SITE
	POSITION

PLEASE STATE REASON FOR LEAVE:

EDUCATIONAL MEDICAL/FAMILY CARE PERSONAL / OTHER
 MILITARY LEAVE MATERNITY/PATERNITY/ADOPTION

PLEASE EXPLAIN REASON FOR LEAVE *(Please attach any documentation you might have)*

EMPLOYEE SIGNATURE	DATE
SUPERVISOR'S APPROVAL	DATE
Superintendent Approval	DATE

FOR PAYROLL OFFICE USE ONLY			
Anticipated date of leave to begin?	Last day physically worked?	# Contracted hours?	Leave type: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
Date CUSD Board approved	Paid Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO	FMLA or MILITARY LEAVE <input type="checkbox"/> YES <input type="checkbox"/> NO	FMLA or MILITARY LEAVE Begin date: End date:

APPROVAL DISTRIBUTION: PERSONNEL _____ PAYROLL _____ SUPERVISOR _____ EMPLOYEE _____