



LEAVE OF ABSENCE APPLICATION

EMPLOYEE INFORMATION: **Certificated Employee** **Classified Employee**

Name _____ Employee ID # _____ Phone Number (____) _____

Location _____ Position/Job Title _____

Date Leave is to Start _____ Date of Anticipated Return to Work _____

TYPE OF LEAVE

Is this a short term UNPAID leave request for 10 work days or less? **Complete Section A.**

Is this a long term leave utilizing your accrued leave balances for more than 10 work days? **Complete Section B.**

Is this a work-related injury or illness leave? **Complete Section B.**

Is this a long term UNPAID leave for more than 10 work days? **Complete Section C.**

SECTION A - REASON FOR SHORT TERM UNPAID LEAVE (10 work days or less)

How many Full Days _____ Partial/Half Days _____

Reason: _____

Note: Up to 2 days unpaid leave for reasons of faith may be taken annually per Board Policy 5412

SECTION B - REASON FOR LONG TERM LEAVE (more than 10 work days)

- Childbirth/Adoption/Placement of a child:** Anticipated DOB or placement? _____
- Medical Leave** Employee's serious health condition, surgery, or injury **Work related illness/injury**
(healthcare provider statement required for leave more than 10 work days)
- Emergency Leave**
 - Serious health condition or injury requiring employee to be caregiver for:
 - Spouse or state registered domestic partner Child: age? ____ Parent Other? _____*(healthcare provider statement required for leave more than 10 work days)*
 - Serious, unavoidable situation that is not merely for the employee's convenience *(attach explanation)*
 - Employee or family member who is a victim of domestic violence/sexual assault or stalking *(reasonable leave may be taken to respond to physical or mental injuries, court proceedings or safety concerns that require legal protection)*
- Military Leave or Family Medical Military Leave** *(contact HR for more information)*

SECTION C – REASON FOR LONG TERM UNPAID LEAVE (more than 10 work days)

(refer to respective collective bargaining agreement for details and eligibility)

Reason: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Human Resources _____ Date _____