

INTENT TO RETURN FROM LEAVE OF ABSENCE

Printed Name

Home Address

Lompoc Unified School District
Personnel Division
P.O. Box 8000
Lompoc, CA 93438-8000

This is to notify Lompoc Unified School District that I intend to return from Leave of Absence on the following date:

(month / day / year)

I understand that I will be assigned to a position comparable to that held when I began my Leave of Absence.

My school preference would be:

1. _____
2. _____
3. _____

My assignment preference would be:

1. _____
2. _____
3. _____

Previous school: _____

Previous assignment: _____

Signature: _____ Date: _____