

Orange Unified School District
1401 N. Handy Street, Orange, CA 92867
Phone: (714) 628-4000 Fax: (714) 628-4011

REQUEST FOR UNPAID PERSONAL LEAVE

Please complete and submit this form to the Human Resources Office and allow ten (10) work days for consideration and response.

Name of Requestor _____	Employee ID# _____
Current Work Location _____	Assignment/Job Title/Grade/Subject _____
Dates for which leave is being requested: From: _____ To: _____	
Please state reason for your request: _____ _____ _____	
First date of regular service in OUSD: _____	
Have you requested a personal leave before? Yes ☐ No ☐	
If yes, please give details and year: _____	
Requestor's Signature _____	Date _____
Requestor's Address _____	City _____ Zip Code _____
Requestor's Phone Number _____	Requestor's Home Email Address _____
Supervisor's Signature (acknowledgement ONLY) _____	Date _____

HUMAN RESOURCES STAFF USE	
Request Approved _____	Authorizing Signature _____
Request Denied _____	Date _____