



# Oxnard Union High School District

## Human Resources

### LEAVE OF ABSENCE REQUEST [CERTIFICATED/CLASSIFIED]

PRINT NAME: _____				
_____	_____	_____	_____	_____
Last	First	Middle	Employee ID #	
Street Address while on Leave		City	State	Zip
_____		_____	_____	_____
Telephone #		_____		
_____	_____	_____		
Site	Division	Position		

#### DATES OF REQUEST

The dates of the leave are from \_\_\_\_\_ through \_\_\_\_\_

For the reason below:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Sick               | <input type="checkbox"/> Vacation       | <input type="checkbox"/> Bereavement         | <input type="checkbox"/> Leave without Pay              |
| <input type="checkbox"/> Military           | <input type="checkbox"/> FMLA/CMLA/PDLA | <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Sabbatical (Certificated Only) |
| <input type="checkbox"/> Personal Necessity | <input type="checkbox"/> Industrial     | <input type="checkbox"/> Federation/Assoc.   | <input type="checkbox"/> Legislative                    |

*Leave of absence requests, other than sick leave, must be submitted ten (10) days prior to the first day of leave.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

#### Administrator/Supervisor Approval

- Approved
- Denied

Comments:

\_\_\_\_\_  
*Administrator/Supervisor Signature*

\_\_\_\_\_  
*Date*

Please refer to the appropriate contract provisions of your Agreement for detailed information, including priorities and restrictions. Bargaining Unit Agreements for Certificated Article 11, Classified Article 13, Paraeducator Article 11, Campus Supervisor Article 11