



**LOS ALAMITOS UNIFIED SCHOOL DISTRICT**  
10293 Bloomfield St • Los Alamitos CA 90720  
(562) 799-4700 • Fax (562) 799-4712

**LEAVE OF ABSENCE REQUEST FORM FOR DISTRICT EMPLOYEES**

Name (please print): \_\_\_\_\_  
Last Name First Name Middle Initial

Address: \_\_\_\_\_  
Street Address City State Zip Code

Contact Info: \_\_\_\_\_  
Home Phone (include area code) Cell Phone (include area code) Email Address (while on leave)

Position Title: \_\_\_\_\_ Work Site: \_\_\_\_\_

Effective dates of request: Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

Return to work date: \_\_\_\_\_

Check type of leave requested:

- Family Medical Leave Act (FMLA – medical note required)
  - Own Serious Health Condition
  - Family Member (state relationship): \_\_\_\_\_
- Pregnancy Disability Leave (attached medical note) Estimated Delivery Date: \_\_\_\_\_  
(Runs concurrently with FMLA.)
- California Family Rights Act (CFRA-may run concurrently with FMLA.)  
State purpose (i.e.: baby bonding, maternity/paternity): \_\_\_\_\_  
You are required to use all available sick leave before going into differential / 50% pay.
- Medical Leave (applies to absences exceeding five days) Medical note required.  
(Runs concurrently with FMLA.)
- Child Care Leave
- Personal Leave
- Other

Please explain: \_\_\_\_\_

Individuals are not permitted to work for another educational agency while on an approved leave of absence.

(Please note: Information regarding the continuation of health benefits (COBRA) will be sent to the employee if applicable.

\_\_\_\_\_  
Date Submitted

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

District Office Use Only:

Approved  Not Approved

Distribution:  
Personnel File  
Payroll  
Business Services

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Superintendent Signature (or Designee)