



Certificated Human Resources

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Santa Paula, CA 93060

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www.santapaulaunified.org

REQUEST FOR LEAVE OF ABSENCE

I, _____, request a Leave of Absence from the Santa Paula

NAME

Unified School District starting _____ and ending _____.

START DATE

END DATE

My current assignment is _____, at _____.

JOB TITLE

LOCATION

Reason for leave:

Medical Leave for Self

Medical Leave for Family

Maternity Leave

Leave for Child Bonding

Educational Goals

Personal

Other (Please specify) _____

Please attach a doctor's note for all medical and maternity leaves. Note must include nature of illness, duration of leave, and anticipated date of return.

For Leaves less than six (6) months, please list the names of preferred substitute teachers:

First Choice: _____ Second Choice: _____ Third Choice: _____

Please provide your current address and phone number:

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

Signature of Employee

Date



SIGNATURES (REQUIRED)

APPROVED

DENIED

Supervisor

[]

[]

Reason for Denial: _____

RETURN TO HUMAN RESOURCES – CERTIFICATED

Your request will be reviewed and you will be notified of the District's decision.

FOR CERTIFICATED HUMAN RESOURCES USE ONLY

APPROVED _____ DENIED _____ Employee Number _____

cc: Date to Payroll _____ Date to Benefits _____ Date to Supervisor _____

Data Entry/Reports: Escape Personnel Activity Report Position Control Seniority List