



1350 Main Street, Cambria, CA 93428

Phone: (805) 927-3880

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**REQUEST TO DISTRICT**  
*for* **ANTICIPATED LEAVE OF ABSENCE**

- Complete this form for all anticipated full and partial leaves – exceeding 5 working days.
- Please complete and obtain all necessary signatures and **submit to the District Office, Attn: Valeria Wright**

<b>EMPLOYEE NAME</b>	<b>EMPLOYEE ID</b>
<b>MAILING ADDRESS DURING LEAVE</b>	<b>SITE</b>
	<b>POSITION</b>

**PLEASE STATE REASON FOR LEAVE:**

EDUCATIONAL                       MEDICAL/FAMILY CARE                       PERSONAL / OTHER  
 MILITARY LEAVE                       MATERNITY/PATERNITY/ADOPTION

**PLEASE EXPLAIN REASON FOR LEAVE** *(Please attach any documentation you might have)*

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<b>SUPERVISOR'S APPROVAL</b>	<b>DATE</b>
<b>Superintendent Approval</b>	<b>DATE</b>

<b>FOR PAYROLL OFFICE USE ONLY</b>			
Anticipated date of leave to begin?	Last day physically worked?	# Contracted hours?	Leave type: <input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL
Date CUSD Board approved	Paid Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO	FMLA or MILITARY LEAVE <input type="checkbox"/> YES <input type="checkbox"/> NO	FMLA or MILITARY LEAVE Begin date:  End date:

APPROVAL DISTRIBUTION: PERSONNEL \_\_\_\_\_ PAYROLL \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ EMPLOYEE \_\_\_\_\_