



WESTMINSTER SCHOOL DISTRICT EMPLOYEE LEAVE OF ABSENCE REQUEST FORM

Employee: _____ Position: _____

School Site: _____ Phone #: _____

I request _____ days/weeks/months/year leave of absence for the following reason(s): _____ (circle one)

Pregnancy Disability Leave (PDL) Expected DOB _____ (Doctor's note required)

Child Bonding Leave DOB _____ (proof of date required)

Unpaid Family

Medical (Doctor's note required)

Personal (without pay)

Other (explain): _____

Effective date of leave: ____ / ____ / ____ Expected date of return: ____ / ____ / ____

I understand that while I am out on a leave of absence, I will generate an out-of-office email reply re-directing people to my principal and/or assistant principal and that I will refrain from doing any job-related responsibilities. _____ (employee initials)

I understand that I need to provide a doctor's note indicating the dates I will be unable to work and a release from the doctor in order to return to work, if applicable. _____ (employee initials)

I will review Ed Code sections 44977 and 44978.1 that may affect medical long term leave of absences and further understand that an unpaid status may affect my insurance benefits. _____ (employee initials)

Failure to adhere to WSD's policies while out on a leave of absence may result in approval being revoked. I hereby apply for a leave of absence as stated above. _____ (employee initials)

Employee Signature

Date

Please submit this form to Human Resources 30 days prior to the effective date of your requested leave of absence or as soon as LOA is deemed necessary.

Office use:

HR 2	
E-mail	
A.S.-HR	

Distribution: Human Resources; insurance; payroll; school site principal/assistant principal; office manager