

San Mateo-Foster City School District
Classified Personnel Unpaid Leave of Absence Request Form

Name: _____ Site (s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Personal Email: _____

Position: _____

Hrs/day: _____

Leave Request Dates: From _____ To _____

Reason (s): _____

I understand that being on an unpaid leave may affect my salary, retirement deductions/ service credit and/or insurance benefits.

Signature

Date

For Human Resources Only:

Approved Denied

Assistant Superintendent, Human Resources

Date

No more than (1) unpaid leave of absence shall be granted in each three (3) year period unless mutually agreed upon CSEA Article 8.13.3