

Simi Valley Schools
SIMI VALLEY UNIFIED SCHOOL DISTRICT

Personnel Services

101 W. Cochran Street
Simi Valley, California 93065
805-306-4500 ext. 4042 - Fax 805-520-6670

Please print or type:

CERTIFICATED
REQUEST FOR LEAVE OF ABSENCE

NAME	SCHOOL
HOME ADDRESS	HOME PHONE
CITY/ZIP	ASSIGNMENT

Dates of Leave From_____To_____Return to Work Date _____

☐ PERSONAL ILLNESS/MEDICAL*	☐ MATERNITY * (Due date)	☐ PERSONAL** (Years of Service in SVUSD)
☐ FAMILY CARE LEAVE	☐ CHILD CARE	☐ OTHER ** *(Describe per Contract)*

* DOCTOR'S NOTE REQUIRED

**A typewritten memo providing supporting rationale for leave request must accompany this form.

Notice of Return: In requesting this leave, I acknowledge my intent to return to service in the SVUSD at the end of the leave period. I acknowledge my responsibility to notify the District in writing of my intent to return in conformance with the Certificated Contract (by March 1 for a full year leave, or in the case of first semester leaves, by January 1).

A unit member may elect to continue the District Health Plan at his/her own expense at the active employee's premium rate. It is the employee's responsibility to contact the Personnel Services Department to continue benefits during an unpaid Leave of Absence. It is also the employee's responsibility to notify Personnel Services within 30 days of returning to work to have medical benefits reinstated after a Personal or Child Care Leave of Absence.

_____ _____
Employee Date

_____ _____
Principal/Department Head Date

SUPT/ASST. SUPT'S RECOMMENDATION			APPROVE		DENY	
BOARD ACTIVATION DATE			APPROVED		DENIED	
CHARGE TO:	UNPAID		SICK LEAVE			

Distribution: O - Personnel Services P - Payroll C - Insurance G - Employee
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