



THE SCHOOL DISTRICT OF  
UNIVERSITY CITY  
Transform the Life of Every Student Every Day!

## **Leave of Absence Request**

Please complete section 1 below and return to the Human Resources Department

### **Section 1 - To be completed by the employee**

Full Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Building/Dept. \_\_\_\_\_

Title \_\_\_\_\_

Initial Application \_\_\_ YES \_\_\_ NO

Reason for Leave of Absence (list below)

\_\_\_\_\_

Requested Intermittent/reduced work schedule \_\_\_ YES \_\_\_ NO

Estimate date/time of requested leave \_\_\_\_\_

Are you a teacher who requires a substitute in your absence? \_\_\_ YES \_\_\_ NO

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Section 2 - To be completed by Human Resources Representative**

Pre-approval of Leave Request \_\_\_ YES \_\_\_ NO

Denial of Leave Request \_\_\_ YES \_\_\_ NO

**Processed by:** \_\_\_\_\_ **Date Received** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date Received** \_\_\_\_\_