



LOS ALAMITOS UNIFIED SCHOOL DISTRICT
10293 Bloomfield St • Los Alamitos CA 90720
(562) 799-4700 • Fax (562) 799-4712

LEAVE OF ABSENCE REQUEST FORM FOR DISTRICT EMPLOYEES

Name (please print): _____
Last Name First Name Middle Initial

Address: _____
Street Address City State Zip Code

Contact Info: _____
Home Phone (include area code) Cell Phone (include area code) Email Address (while on leave)

Position Title: _____ Work Site: _____

Effective dates of request: Beginning date: _____ Ending date: _____

Return to work date: _____

Check type of leave requested:

- Family Medical Leave Act (FMLA – medical note required)
 - Own Serious Health Condition
 - Family Member (state relationship): _____
- Pregnancy Disability Leave (attached medical note) Estimated Delivery Date: _____
(Runs concurrently with FMLA.)
- California Family Rights Act (CFRA-may run concurrently with FMLA.)
State purpose (i.e.: baby bonding, maternity/paternity): _____
You are required to use all available sick leave before going into differential / 50% pay.
- Medical Leave (applies to absences exceeding five days) Medical note required.
(Runs concurrently with FMLA.)
- Child Care Leave Personal Leave Other

Please explain: _____

Individuals are not permitted to work for another educational agency while on an approved leave of absence.

(Please note: Information regarding the continuation of health benefits (COBRA) will be sent to the employee if applicable.

Date Submitted

Employee Signature

District Office Use Only:
 Approved Not Approved

Supervisor Signature

Distribution:
Personnel File
Payroll
Business Services

Superintendent Signature (or Designee)