



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 •
www.oxnardsd.org

LEAVE OF ABSENCE REQUEST

Instructions:

Employee complete **Section I**

Employee has their Supervisor complete **Section II** (page 2 of this form)

Employee submits completed form to Human Resources at leaves@oxnardsd.org once **Sections I & II** have been completed.

Questions contact us at leaves@oxnardsd.org and/or at 805.385.1501 extensions. 2049 or 2053

SECTION I- TO BE COMPLETED BY THE EMPLOYEE

Complete all that information that applies to your leave

LAST NAME	FIRST NAME	M.I.	Employee ID/PSL #
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ADDRESS

CITY	STATE	ZIP CODE
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PHONE NUMBER	EMAIL
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POSITION	WORK LOCATION	<input type="checkbox"/> CLASSIFIED <input type="checkbox"/> CERTIFICATED
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LAST DAY WORKED	LEAVE START DATE	LEAVE END DATE	RETURN TO WORK DATE
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If requesting Child Bonding after maternity leave, please provide dates for leave request

Beginning Date:	Ending Date:	Child's DOB/ Placement for Adoption Date:
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Reason for Leave of Absence

- Own Injury/Illness (not work-related) *Medical Certification required*
- Care for Injured/III Family Member *Medical Certification required*
Member Relation: _____
- Pregnancy, childbirth, and/or related *Medical Certification required.*
- Child Bonding *Recommended 30 workdays notice.*
- Personal Leave (non-medical) *Written Statement of the plan must accompany the application.*
- Adoption Leave *Recommended 30 workdays' notice.*
- Military Leave (attached Orders)
- Education *Written Statement of the plan must accompany the application.*
- Jury Duty *Official court/disciplinary hearing summons*
- Other _____ *Written Statement of the plan must accompany the application.*
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Check Type of Leave:

- Continuous
- Intermittent

Check off all that apply

Use Sick Leave _____ hours/Days Exhaust

Sick Leave may be used based on CSEA, OEA, and OSSA CBAs

Use Vacation Leave _____ hours/Days Exhaust

If used to be taken before 100 days off 50% pay start per CSEA CBA 16.7.2

Unpaid

I certify that the reason(s) specified above are true and correct.

Employee Signature: _____ Date: _____

SECTION II - TO BE COMPLETED BY THE SUPERVISOR

I _____, acknowledge the leave request of my employee _____.
Supervisor's Name Employee's Name

Signature: _____ Date: _____
Supervisor's Signature

SECTION III - TO BE COMPLETED BY THE HUMAN RESOURCES

Employee to proceed with the following leave(s): please check all that apply

- PDL
- FMLA
- CFRA
- Education Code Parental Leave
- Personal Medical Self or Family (Circle one)
- Unpaid Personal Medical Self or Family (Circle one)
- Unpaid Personal (non-medical)
- Education
- Military
- Other: _____

Name of Human Resources Representative: _____

- Approved
- Denied

- For pregnancy, parental (maternity/paternity-child bonding) sick, extended sick or Family Medical Leave, have a licensed health care provider complete the Medical Certification.
- *For FMLA/CFRA, eligible employees are entitled to twelve (12) workweeks of unpaid, job-protected leave in any twelve (12) month period. The District determines FMLA/CFRA eligibility by reviewing leave history twelve (12) months prior to the requested leave effective date.
- For adoption, have the attorney or authorized agent complete Section II on the reverse side of this form.
- Extended Education Code Leave per Ed. Code 44977.5 and 45196.1 is available for eligible Classified and Certificated employees. This leave runs concurrently with CFRA Baby Bonding Leave.
- After all of the appropriate sections of the form are completed, submit this request to your supervisor for review.
- Your supervisor completes Section II of the form and forwards the leave request to Human Resources for determination.
- Unpaid Leaves have no compensation and are unbenefited.
- To ensure your leave balances and pay are accurate, promptly submit to Human Resources