



665 WALNUT AVE, VALLEJO, CA 94592
HUMAN RESOURCES
Phone (707) 556-8921 Fax (707) 638-3569

DATE: _____

LEAVE OF ABSENCE REQUEST:

I wish to request a leave of absence from _____ to _____ for the following reasons: (Check one)

PAID LEAVES		UNPAID LEAVES
<input type="checkbox"/> A. Sick Leave	<input type="checkbox"/> H. Organizational Leave	<input type="checkbox"/> A. General Leave
<input type="checkbox"/> B. Long-Term Sick Leave	<input type="checkbox"/> I. Sabbatical Leave	<input type="checkbox"/> B. Maternity Leave
<input type="checkbox"/> C. Industrial Accident or Illness Leave	<input type="checkbox"/> J. Professional Leave	<input type="checkbox"/> C. Child Care Leave
<input type="checkbox"/> D. Personal Emergency/ Necessity Leave	<input type="checkbox"/> K. Child Birth/Adoption Leave	<input type="checkbox"/> D. Personal Business Leave
<input type="checkbox"/> E. Bereavement Leave	<input type="checkbox"/> L. Parental Leave	<input type="checkbox"/> E. Elective Office
<input type="checkbox"/> F. Jury Duty	<input type="checkbox"/> M. CFRA Leave	<input type="checkbox"/> F. Family Medical Leave Act (FMLA)
<input type="checkbox"/> G. Military Leave		

**See either the VCUSD/VEA or VCUSD/CSEA contracts

If this request is for sick leave, a statement from the treating physician must be attached

Reason for Leave:

I declare under penalty of perjury that the above is true and correct.

Print: Employee's First Name Last Name

Position

Employee's Signature

School/Department

Employee's Address

Site Administrator's Signature

Employee's Home Telephone Number

Assistant Superintendent, HRS Signature

Please present your Leave of Absence Request to your immediate supervisor prior to submitting to Human Resources.

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