North Monterey County Unified School District

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Tel: 831.633.3343 www.nmcusd.org

Extended Leave of Absence Request Form

Instructions: An extended leave of absence is considered **more than 5 days.** Employees must submit this request for leave in advance of requested time off.

Employee	Emp ID	School/Department	Position	# Hours Daily

I anticipate that my absence will be from _____through _____for the following reason(s):
Please provide your best estimate, if dates are still undetermined.

- ☐ Family Care Leave (Family and Medical Leave Act, Pregnancy Disability Leave Act, California Family Rights Act)
- ☐ Pregnancy Disability Leave
- ☐ Baby Bonding Leave
- ☐ Extended Illness Leave
- ☐ Personal Necessity Leave (please explain below)
- ☐ Bereavement/ Death in Family
- ☐ Other/Unsure (please explain) _____

_____

_____

- ☐ I understand that in order to remain in paid status during my leave, I will be required to use any applicable accrued leave.

OR

- ☐ I hereby request an unpaid leave of absence.

I acknowledge that additional information may be requested in order to properly approve this request and that this request does not guarantee an approval.

Employee Signature		Date Submitted
Supervisor Signature	Supervisor Printed Name	Date Received

Human Resources Use Only

_____ **Received in Human Resources** _____ **Presented to Board of Trustees, if applicable** _____
Initials *Date* *Date*

☐ **Approved** ☐ **Denied** *Signature of HR Administrator* *Date*