Hacienda La Puente Unified School District







REPRODUCTIVE LOSS LEAVE - SB No. 848

Name:		Scr	ool Site:	
Job Title:	Personal Email:			
Current Address	s:	City:		
State:	Zip:	Zip: Contact Number:		
USE MY: Sic	k Time Vacation	Unpaid	Intermittent	Consecutive
Reproductive Loss Leave	is a total of 5 days . Leave can be to	taken consecutive or intermittent	and must be completed wit	hin three months of the loss event .
Start Date of An	ticipated Leave:			
Expected Date o	f Return to Work:			
eason for Leave	e: (own, adoption, spo	use or partner)		
Employee's Sigr	nature		Date	
	nature rincipal/Supervisor's S	Signature	Date Date	
	rincipal/Supervisor's S	Signature MAN RESOURCES U	Date	
	rincipal/Supervisor's S		Date	
Administrator/Pi	rincipal/Supervisor's S	MAN RESOURCES U	Date	
Administrator/Pi	rincipal/Supervisor's S HUM	MAN RESOURCES U	Date SE ONLY Date	
Administrator/Pr	rincipal/Supervisor's S HUM ated Administrator, Ho	MAN RESOURCES U	Date SE ONLY Date	