



Central Unified School District

Human Resources Department • 4605 N. Polk Avenue • Fresno, CA 93722 • (559) 274-4700 • www.centralunified.org

Employee Request for Unpaid Leave of Absence

Name: _____ Site/Dept _____
Last First Middle

Classification: _____ Position Title: _____
(Certificated/Classified)

Please describe why you are requesting an unpaid Leave of Absence: _____

Acknowledgement

I, _____ hereby request an unpaid leave of absence from my employment with Central Unified School District ("District") based on the information I have provided above. My leave of absence will commence on _____ and continue until _____. Additionally, I acknowledge that if I am currently receiving benefits through the District it is my responsibility to consult the District's Benefits Technician with regards to my insurance coverage.

Employee Signature

Date

-----FOR ADMINISTRATION ONLY -----

Action

☐ Approved

☐ Denied

Assistant Superintendent, HR

Date