



HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

APPLICATION FOR LEAVE OF ABSENCE

Check One:

CONFIDENTIAL | **CSEA** | **HLPTA** | **SEIU** | **MANAGEMENT**

Name (Last, First, Middle)

Title / School/Department

Employee ID #: _____

Status (Certificated Employees Only):

Permanent: _____ Probationary: _____

Leave Dates
From: _____

To: _____

State: _____ Zip Code: _____

Mailing Address: _____

City: _____ Telephone Number: _____

Reason for Leave: _____

Type of leave per a union contract (check one):	
Child Care Unpaid Leave of Absence	<input type="checkbox"/>
Illness Unpaid Leave of Absence	<input type="checkbox"/>
Military Paid Leave of Absence	<input type="checkbox"/>
Military Unpaid Leave of Absence	<input type="checkbox"/>
Personal Unpaid Leave of Absence	<input type="checkbox"/>
Special Reasons Unpaid Leave of Absence	<input type="checkbox"/>
Other	<input type="checkbox"/>

****PLEASE NOTE:** It is understood that during the period of the leave absence, the employee shall not be gainfully employed unless clearly stated in the request and approved by the Board of Education.

I have read the Leaves Article agreement between my Bargaining Unit Association and the HLPUSD Board of Education and agree to concur with the requirements as so stipulated.

Employee's Signature _____ Date Submitted _____

I approve this Leave Of Absence _____
Site Administrator's Name (Print)

I Do Not approve this Leave Of Absence _____
Site Administrator's Name (Print)

Comments: _____

School/Department Date Site Administrator's Signature

HUMAN RESOURCES USE ONLY

Authorized by: _____ Date : _____

Approved: _____ **Denied:** _____ **Medical Lay Off – 39 Month Rehire List:** _____

Effective Date: _____

Comments: _____