



LAKE ELSINORE UNIFIED SCHOOL DISTRICT

Employee Leave Request

Name *(please print)*: _____

Job Title: _____

Work Site: _____ # hours per day: _____ # days per year: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Cell Phone: _____

Dates requested for Leave: From: _____ To: _____

Type of Leave requested: _____

Reason for Leave Request: _____

(Please attach doctor's note for medical LOA requests)

Signature: _____ **Date:** _____

1. For Supervisor:

Signature: _____ Date: _____

2. For Personnel Services:

☐ Approved ☐ Not Approved

Signature: _____ Date: _____