



LENNOX SCHOOL DISTRICT • 10319 FIRMONA AVE. • LENNOX, CA 90304 • (310) 695-4000
Lennox Web Page: <http://www.lennox.k12.ca.us/>

Request for Leave of Absence

Employee Name: _____ Date of Request: _____

Position/Title: _____ Assignment Location: _____

Military Leave		Family Care and Medical Leave	
Bereavement Leave		Misc. Leaves Without Pay	
Leave for Pregnancy Disability		Catastrophic Sick Leave	
Child Bearing Preparation/Child Rearing		Paid Parental Leave	

Please select **(1) ONE** option from the following list of Leaves for the purpose of your request:
Please reference applicable union contracts for specific details on each leave.

Please explain the purpose of your leave: _____

Dates of leave: _____ through _____
(start date) (end date)

Employee Signature: _____ Date: _____

The granting of leaves of absence is subject to any provisions of the relevant collective bargaining agreements and Board Policies. **Approved leaves will be credited, as appropriate, to mandatory leave periods defined by Federal and State Law, e.g.; FMLA, CFRA, and PDI.**

1. The District may request any additional information deemed necessary to process and verify requests.
2. Please complete this form and submit to the Personnel Office 30 days prior to the 1st day of your leave request.

PERSONNEL OFFICE USE ONLY

Asst. Superintendent of Personnel: _____ Date: _____

Non-Paid Leave

Approved: _____ Denied: _____