BURBANK UNIFIED SCHOOL DISTRICT
Human Resources Services

LEAVE OF ABSENCE

Employee's Name (Please Print):_____ □ Certificated □ Classified □ Management

Date Submitting Form: _____ Site/Department: _____ Job Title: _____

Address:_____ Phone #: _____

Personal Email: _____ Leave Start Date: _____ Leave End Date: _____

I request the acknowledgement and/or approval of my supervisor and/or the Head of Human Resources Services for a leave of absence, according to the cited article of the applicable Agreement between the Burbank Unified School District and the Burbank Teachers Association or the Agreement between the Burbank Unified School District and the California School Employees Association Chapter 674, as indicated below:

CLASSIFIED (Article 13)
Notification only
□ Bereavement (13.1) (paid)
□ Industrial Accident or Illness (13.2) (paid)
□ Jury Duty (13.3) (paid)
□ Pregnancy Disability (13.6) (paid)
□ Military (13.11) (unpaid)

Request for Leave
□ Personal Business (13.4) (paid)
□ Personal Necessity (13.5) (paid)
□ Sick Leave for Personal Illness or Injury (13.7) (paid)
□ Catastrophic Sick Leave (13.8) (paid)
□ Child Bonding/Parental (paid)
□ Home Responsibility (13.10) (unpaid)
□ Family Care and Medical (13.12) (unpaid)
□ Career Advancement Leave (13.13) (unpaid)
□ Health (13.9) (unpaid)

CERTIFICATED (Article 13)
Paid
□ Bereavement (13.1.4)
□ Child Bonding/Parental
□ Industrial Accident or Illness (13.1.6)
□ Jury Duty (13.1.7)
□ Military (13.1.8)
□ Personal Necessity (13.1.10)
□ Other Personal Leave (13.1.11)
□ Pregnancy Disability (13.1.12)
□ Required Court Attendance (13.1.13)
□ Catastrophic Sick Leave (13.1.16)
□ Sick Leave (13.1.15)

Unpaid
□ Child Care (13.2.8)
□ Family Care and Medical (13.2.14)
□ General Purpose (13.2.10)
□ Health (13.2.11)
□ Home Responsibility (13.2.12)

Request for Sick Leave Donation (Certificated)
□ Up to ten (10) days
□ Exception to ten (10) day donation limit – must be approved by the Catastrophic Sick Leave Committee
Number of additional days requested_____

Important Notes:

- ***Any unpaid leave may affect an adjustment in your pay and/or benefits. Please contact Payroll-Classified at 818-729-4474 or Payroll-Certificated at 818-729-4479, and/or the Benefits Department at 818-729-4454 for information regarding your specific situation.***
- ***Requests to change or rescind a submitted Leave may be denied upon evaluation of such request.***

*****Leave Request Rationale/Comments/Additional Information:*** _____

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My signature below signifies that I have referred to, understand and will follow the Agreement provisions specific to the leave requested. I have attached the necessary documentation or letter required to process this leave request. I also understand that failure to do so may delay the approval process.

Employee's Signature:_____ Date:_____

Supervisor's Signature: _____ Date: _____
(Acknowledgement of Leave Request)

**********OFFICE USE ONLY**********

A returned copy of a processed Leave of Absence form shall serve as the employee's notification of leave status and dates.

_____ _____ **Leave Request - Approved_____Denied _____**
Matthew La Belle, **Date**
Assistant Superintendent, Human Resources Services

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BURBANK UNIFIED SCHOOL DISTRICT
Human Resources Services
1900 WEST OLIVE AVENUE • BURBANK • CALIFORNIA • 91506
TELEPHONE (818) 729-4410 • FAX (818) 729-4554
www.burbank.k12.ca.us

Instructions and Frequently Asked Questions

Not all leaves are granted automatically. See below for leaves granted automatically. The following leaves may be taken without supervisor approval, but the form still needs to be submitted.
For Classified: Bereavement (13.1), Industrial Accident or illness (13.2), Jury Duty (13.3), Pregnancy Disability (13.6), Sick Leave for Personal Illness or Injury (13.7), and Military (13.11).
For Certificated: Bereavement (13.1.4), Industrial Accident or illness (13.1.6), Jury Duty (13.1.7), Military (13.1.8), Personal Necessity (13.1.10), Other Personal Leave (13.1.12), Required Court Attendance Leave (13.1.13), Sick Leave (13.1.15), Child Care (13.2.8), Home Responsibility (13.2.12), and Family Care and Medical Leave (13.2.14).

Q: Do I use this form if I am sick for a week?
A: No, this is not for day-to-day absences of less than ten (10) days.

Q: Do I have to turn this form in to my Principal or Supervisor?
A: Yes, as this is the way you are communicating why you are requesting a leave.

Q: When do I use this form for notification only of a leave?
A: **For Classified:** Bereavement (13.1) and Military (13.11)
For Certificated: Supervisors /Principals need notification for all leaves.

Q: When does this form need to be submitted to the Head of Human Resources for processing?
A: **For Classified:** Industrial Accident or Illness (13.2), Pregnancy Disability (13.6), Catastrophic Sick Leave (13.8), Health (13.9), Home Responsibility (13.10), Family Care and Medical (13.12), and Career Advancement Leave (13.13).
For Certificated: Exchange Teacher (13.1.5), Sabbatical (13.1.14), and Catastrophic Sick Leave (13.1.16). Other leaves may be granted depending on specific deadlines as stated in the Agreement.

Q: Are documents or letters required for all leave notifications or requests?
A: It depends. The following leaves require documentation or letters to be attached to the leave request.
For Classified: Industrial Accident (13.1), Jury Duty (13.3), Pregnancy Disability (13.6) Military (13.11), and Career Advancement Leave (13.13).
For Certificated: Exchange Teacher (13.1.5), Jury Duty (13.1.7), Pregnancy Disability (13.1.12), Required Court Attendance Leave (13.1.13), Sabbatical (13.1.4), Sick Leave (13.1.5), Fulbright Exchange Teacher (13.2.9), Health Leave (13.2.11), Teaching in a Foreign Country (13.2.13), Family Care and Medical Leave (13.2.14).

Q: What if I get seriously hurt on the job?
A: First, call or have someone call 911. The form can be filled out at a later time after help has been provided. If you need a leave due to industrial injury or illness, use this form to inform your supervisor and it will be forwarded to Human Resources, attention: Lori Larson, Employee Injury and Illness Prevention Technician. (You may be required to fill out additional forms.)