HUMAN RESOURCE SERVICES

1515 Hughes Way, Long Beach, CA 90810 • (562) 997-8204

NOTE: Prior approval of the Board is required. This request is not approved until the Board of Education takes action to approve it.

REQUEST FOR LEAVE OF ABSENCE (WITHOUT PAY)

(Please complete all sections and submit to your supervisor or manager.)

CLASSIFIED

- ☐ Permanent
- ☐ Probationary

CERTIFICATED

- ☐ Regular Contract Permanent
- ☐ Regular Contract Probationary
- ☐ Temporary/Provisional Contract
- ☐ Special Contract

____________________	____________________	____________________
Last Name, First MI	Social Security Number	Job Title
Street Address	City, State ZIP	(Area Code) Phone Number
Assignment Location	Subject/Grade Level	Track

Dates Requested:
(Please indicate by Duty/School Year Calendar.)

From: _____/_____/_____ To: _____/_____/_____
Month Day Year Month Day Year

Reason for Leave of Absence Request:
Refer to Provisions of Agreement booklet for more information. (Please check one only.)

- ☐ Child Care
- ☐ Rest and Recreation
- ☐ Study
- ☐ Military Service (Attach copy of orders)
- ☐ Rest and Recuperation (Attach Doctor Statement)
- ☐ Other: ____________________ Please Specify
- ☐ Family Medical Leave/ California Family Rights Leave: **Following ____maternity_____adoption** (DOB________________)
- ☐ Teach/Work in Another District (more than 150 miles away): ____________________ District Name/City/State/Job Title
- ☐ Family Medical Leave/ California Family Rights Leave: **Other** (Requires Certification of Health Care Provider form (Form WH-380.)

Additional Reasons for Certificated Employees Only:

- ☐ Disability (Attach STRS Approval)
- ☐ Teach in Foreign Country
- ☐ Travel in Foreign Country

Interested in Substitute Teaching (3 days maximum per week) while on a Leave of Absence? **Please circle** **YES NO**
(Employees may not accept a long term assignment while on leave.)

Employee Signature	**Date**	**Principal/Manager Signature**	**Date**	**Assistant/Deputy Supt. Signature**	**Date**

FOR HRS USE ONLY

- ☐ Approval – Letter Sent ___________
- ☐ Denied – Letter Sent: ___________
- ☐ On Line: ___________
- ☐ LOA History: ________
- ☐ FMLA Hours: _______
- ☐ B/A Date: _______

______________________________ HRS MANAGER SIGNATURE ________ DATE

______________________________ HRS DEPUTY SUPERINTENDENT SIGNATURE ________ DATE