



# 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	Employee 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.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Child Care<br><input type="checkbox"/> Rest and Recreation<br><input type="checkbox"/> Study<br><input type="checkbox"/> Military Service (Attach copy of orders)<br><input type="checkbox"/> Rest and Recuperation (Attach Doctor Statement)<br><input type="checkbox"/> Other: _____<br><div style="text-align: center; font-size: small;">Please Specify</div> | <input type="checkbox"/> Family Medical Leave/<br>California Family Rights Leave:<br><b>Following ____maternity____adoption</b><br>(DOB _____)<br><br><input type="checkbox"/> Teach/Work in Another District<br>(more than 150 miles away):<br>_____<br><div style="text-align: center; font-size: small;">District Name/City/State/Job Title</div> | <input type="checkbox"/> Family Medical Leave/<br>California Family Rights Leave:<br><b>Other</b> (Requires Certification of Health<br>Care Provider form<br>(Form WH-380.) |
|--|--|---|

### **Additional Reasons for Certificated Employees Only:**

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

Interested in Substitute Teaching (3 days maximum per week) while on a Leave of Absence?  
 (Employees may not accept a long term assignment while on leave.)

**Please check one**  
 YES NO

Employee Signature	Date	Principal/Manager Signature	Date	Assistant Superintendent Signature	Date
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### **FOR HRS USE ONLY**

- Approval – Letter Sent \_\_\_\_\_
- Denied – Letter Sent: \_\_\_\_\_
- On Line: \_\_\_\_\_
- LOA History: \_\_\_\_\_
- FMLA Hours: \_\_\_\_\_
- B/A Date: \_\_\_\_\_

\_\_\_\_\_  
HRS MANAGER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HRS ASSISTANT SUPERINTENDENT SIGNATURE

\_\_\_\_\_  
DATE