

EL MONTE UNION HIGH SCHOOL DISTRICT
REQUEST FOR LEAVE OF ABSENCE

Name: _____

Date: _____

Position: _____

Site: _____

I hereby request a leave from: _____ through _____

My return to work date is: _____

Will this leave be intermittent? ☐ Yes ☐ No (If yes, attach completed Certification of Health Care Provider Form)

Type of leave requested:

☐ Medical*(Non-maternity; attach doctor's note)

Is this leave due to a work related injury?

☐ Yes ☐ No

☐ Reproductive Loss Leave

☐ Family Leave (Attach doctor's note)

☐ Military Leave (Attach orders)

☐ Qualifying Exigency Leave (Attach orders)

☐ Care for Covered Servicemember Injured in the Line of Duty (Attach doctor's note)

☐ Maternity*(Attach doctor's note)

Classified Employees Only: Do you wish to use your available vacation and/or floating holidays for this leave? ☐ Yes ☐ No

☐ Parental Leave* (Requires at least 30 days' notice; minimum leave duration is 2 weeks)

Classified Employees Only: Do you wish to use your available vacation and/or floating holidays for this leave? ☐ Yes ☐ No

☐ Personal Leave (Unpaid; requires at least 20 days' notice)

Reason for Leave: _____

***Certificated Employees:** I understand that my accumulated sick leave will be used first, and then if necessary, I will be placed on half-pay for up to 5 months.

***Classified Employees:** I understand that my accumulated sick leave will be used first, then my remaining vacation days and/or floating holidays (optional for maternity and parental leaves), and then if necessary, after all available days have been used, I will be placed on half-pay for up to 100 days.

All requests for leave of absence must include the required documents in order to determine eligibility for leave and must be approved by Human Resources. If an extension is needed you must submit another doctor's note.

Employee's Signature

Date

Supervisor's Signature

Date

HUMAN RESOURCES USE ONLY

Request Received on: _____ Approved by: _____

Asst Superintendent for Human Resources

Board Approved: _____ Family Leave Letter Mailed on: _____

Date Entered in HRS: _____ Entered by: _____