



Jefferson Union High School District

LEAVE OF ABSENCE REQUEST

INSTRUCTIONS: This form is to be completed by all employees requesting a leave of absence of **more than 10 working days**. Complete the form to initiate the review process.

Employee Name:

Location:

Classification:

Position:

Type of Leave Request:

Leave of Absence

Family & Medical Leave Act/California Family Rights Act

_____ Illness/Medical Leave* – Self

_____ Pregnancy Disability*

_____ Child Bonding Leave* (within 1st year)

District sick leave will automatically apply (subject to availability) for reasons above unless otherwise indicated below.

___ Take the leave selected above as unpaid

NOTE: Child bonding will not be paid at 50% if this option is exercised as an employee's leave bank must be exhausted to activate the 50% pay.

Unpaid Leave of Absence

_____ Illness/Medical* - Self (in excess of available sick leave/extended sick leave)

_____ Illness/Medical Leave* - Family (Relationship) _____

_____ Personal Leave

_____ Military Leave*

_____ Child Care

_____ Other: _____

*Supporting Documentation Required

Explanation of Leave Request:

Dates of Absence

Start Date:

Estimated Return:

Number of Work Days:

Actual Return:

Employee Signature

Date

Approvals

Supervisor

Date

Director HR

Date

Approved/Denied

*If request is denied, please provide reason: