



## REQUEST FOR LEAVE OF ABSENCE

Name of Employee \_\_\_\_\_ Employee ID \_\_\_\_\_

Site (circle one): NU BR SF SS SM PH NUTH EJ JUV GHS DO

Dates Leave Requested \_\_\_\_\_ to \_\_\_\_\_ Substitute needed? \_\_\_\_\_

Total Days Requested for Leave \_\_\_\_\_

**REASON FOR LEAVE:**

- Personal Necessity (*my signature below certifies that the reason for this leave is consistent with the definition of personal necessity given in policy and the applicable collective bargaining contract*)
- CPI (Compelling Personal Importance)  Pregnancy/Disability Leave  
**Using more than four days (certificated) or two days (Classified) requires Superintendent approval**
- Vacation (Classified only)  Extended Illness (Sick) Leave
- Unpaid Family & Medical Leave (*indicate below*)  Catastrophic Leave (*indicate below*)
- Birth of a child or care for that child; placement of a child through adoption;*
- Serious health condition that makes you unable to perform the essential functions of your job;*
- Serious health condition of  spouse,  child,  parent, for which you are needed to provide care.*

**Notice to employees: Any paid leave used for your own serious health condition or any paid leave used to take care of a spouse, child or parent with a serious health condition will concurrently reduce your annual entitlement to unpaid Family and Medical Leave under State and Federal law.**

**Miscellaneous Leaves:**

- Association Leave
- Bereavement Leave (**state relationship**) \_\_\_\_\_
- Floating Holiday
- In-service Leave
- Jury Duty Leave
- Sabbatical Leave
- Military Leave
- International School Service Leave
- Other Leave \_\_\_\_\_

(See applicable collective bargaining agreement for further information on leaves.)

Leave Approved

Leave Disapproved

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Designee

\_\_\_\_\_  
Date