



REQUEST FOR LEAVE OF ABSENCE

Name of Employee _____ Employee ID _____

Site (circle one): NU BR NPA NUTH SSHS GHS TECH DO

Dates Leave Requested _____ to _____ Substitute needed? _____

Total Days Requested for Leave _____

Reminder: If you are an employee who normally enters your absences into AESOP, please do so for this leave of absence once approved by your supervisor/principal.

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