

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: \_\_\_\_\_