



PASADENA UNIFIED SCHOOL DISTRICT

LEAVE OF ABSENCE REQUEST

SUBMIT COMPLETED FORM TO HUMAN RESOURCES

Classified
Certificated
Board Report # _____
Date: _____

Name: _____ Last 4 digits of social or EID#: _____
Mailing Address: _____
Number & Street City State Zip Code
Telephone Number: _____ Message Telephone: _____
ADDRESS WHILE ON LEAVE (IF OTHER THAN ABOVE)
Mailing Address: _____
Number & Street City State Zip Code
Telephone Number: _____ Message Telephone: _____
School/Dept _____ Job Title _____
Type of Leave Requested: _____
IF CHILD REARING, DATE OF CHILD'S BIRTH _____
BEGINNING DATE OF LEAVE: _____ ENDING DATE OF LEAVE: _____
(MONTH DAY YEAR) (MONTH DAY YEAR)

PREVIOUS LEAVE: (IF APPLICABLE)
FROM _____ TO _____ REASON: _____

I UNDERSTAND THAT THIS REQUEST FOR LEAVE CAN BEGIN ONLY AFTER OFFICIAL APPROVAL BY THE BOARD OF EDUCATION.
IF THIS REQUEST FOR LEAVE IS APPROVED, THE FOLLOWING CONDITIONS SHALL BE APPLICABLE:

- A. Upon return from leave, I may be assigned to a different location or type of service.
B. Change of a leave and subsequent reassignment is at the discretion of the District.
C. If I wish to continue my medical, dental and employee-paid insurance plans, I will contact the Benefits Dept. for information concerning payment.
D. I acknowledge that I am to return to duty upon the expiration of my approved leave of absence.
E. It is my responsibility to notify Human Resources of any change of address or telephone number while I am on leave.

REASON FOR REQUEST: _____
Signature of Employee _____ Today's Date _____

APPROVED DISAPPROVED (COMMENTS) _____

SIGNATURE OF IMMEDIATE SUPERVISOR _____ TODAY'S DATE _____

APPROVED DISAPPROVED (COMMENTS) _____

SIGNATURE OF HUMAN RESOURCES SUPERVISOR _____ TODAY'S DATE _____

FOR ADMINISTRATIVE SERVICES ONLY:

- Compensated
 Non-Compensated

COPY AND DISTRIBUTE TO:

- Employee Benefits Site Administrator Leaves Desk
 Payroll HR Technician Sub. Desk