

**LOS ANGELES UNIFIED SCHOOL DISTRICT  
PERSONNEL COMMISSION  
WORKFORCE MANAGEMENT, CLASSIFIED EMPLOYMENT SERVICES BRANCH  
LEAVE OF ABSENCE REQUEST FOR CLASSIFIED EMPLOYEES  
(FOR MANDATORY LEAVES ONLY)**

This form must be completed for absences more than 20 consecutive work days

**TO BE COMPLETED BY EMPLOYEE**

Last Name	First Name	MI	Person ID/Employee Number
			( ) -
Address while on leave: Number & Street    City & State		Zip Code	Contact number while on leave
			( ) -
Job Title & Job/Class Code		Work Location	Work number
I request: <input type="checkbox"/> A leave of absence from: ___/___/___ to: ___/___/___, inclusive.			
<input type="checkbox"/> An extension of my leave from: ___/___/___ to: ___/___/___, inclusive.			

For the following reason (check one):

**MANDATORY LEAVES (mandatory under all applicable circumstances and with appropriate verification):**

- 1. Illness (Self) Leave
- 2. Industrial Illness/Injury Leave- Original injury date: \_\_\_/\_\_\_/\_\_\_
- 3. Industrial Illness/Injury Leave (FOR SCHOOL POLICE ONLY) - Original injury date: \_\_\_/\_\_\_/\_\_\_
- 4. Act of Violence Leave - Original injury date: \_\_\_/\_\_\_/\_\_\_
- 5. Pregnancy-related Disability Leave - Expected delivery date: \_\_\_/\_\_\_/\_\_\_
- 6. Illness (Family) Leave- Relationship:
- 7. Bonding Leave for birth/adoption/foster care for new child - Date into home: \_\_\_/\_\_\_/\_\_\_
- 8. Military Leave. ATTACH OFFICIAL ORDERS (for absences of more than 20 days)
- 9. Military Caregiver FMLA Leave - Relationship:
- 10. Military Exigency FMLA Leave. ATTACH OFFICIAL ORDERS OF FAMILY MEMBER
- 11. Charter Leave. Name of Charter School:
- 12. Organization (Union) Leave
- 13. Professional Growth Study Leave (For Bargaining Units B, D and S)
- 14. Other (ex. Peace Core, Red Cross, Merchant Marine, etc.)

Refer to work location for FMLA guidelines for items 1-7, 9 & 10. For general questions regarding FMLA, contact the FMLA Leaves Section, Division of Risk Management at (213) 241-3954.

**I CERTIFY that I was not and will not be employed elsewhere during the period covered by this request for illness or industrial illness/injury leave. I also certify that I have read and understand the information on this form. Furthermore, I certify that my absence is because of the indicated reason and that all of the information on this form is true and correct. If I am filing a claim for workers' compensation, I also certify that I will report to the workers' compensation claims administrator any money that I earn from any other employer during the time period claimed by this certification. If I do not report any information regarding other earnings, I acknowledge that I may be in violation of the law, and the penalty may be a fine, loss of benefits, and/or imprisonment.**

**If I do not return to my job within 5 days after the expiration of an unpaid leave or an approved extension of an unpaid leave, please consider this my resignation from the Los Angeles Unified School District. I declare under penalty of perjury that all of the foregoing is true and correct.**

**Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

***PROCEED TO NEXT PAGE →***

**TO BE COMPLETED BY LOCATION**

**1<sup>ST</sup> DAY ABSENT: \_\_\_\_\_ (REQUIRED)**

**ACKNOWLEDGEMENT OF MANDATORY LEAVE REQUEST:** Because leaves 1-14 are mandatory, the administrator's signature signifies only an acknowledgement of the leave.

Administrator Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Classified Employment Services Branch Use Only:**     Approved     Disapproved

Approved by: Signature: \_\_\_\_\_ Date: \_\_\_\_\_