

EAST SIDE UNION HIGH SCHOOL DISTRICT

Certificated
Unpaid Leave of Absence Request Form

Name: _____ Site: _____

LOA for Year: _____

Reason for Request:

_____ I understand that this request is for an unpaid leave without benefits
Initials

_____ I understand that I am required to notify the District, in writing, by
Initials March 1, of my intent to return to work, or to request an extension of my leave.

_____ I understand that if such notification is not received by the District, the extent of
Initials the District's obligation is to offer an assignment when a permanent vacancy is available.

Signature Date

HR Director Approved: _____ Board Approved: _____

Return Notification Received: _____ Leave Extended to: _____

cc: Personnel File