

LEMOORE UNION ELEMENTARY SCHOOL DISTRICT

REQUEST FOR UNPAID LEAVE OF ABSENCE

Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Current or last School/Department \_\_\_\_\_

Leave is requested for the \_\_\_\_\_ - \_\_\_\_\_ school year.

OR

Leave is requested from \_\_\_\_\_ through \_\_\_\_\_  
(First day) (Last day)

Reason for Leave: \_\_\_\_\_

The undersigned Employee acknowledges, understands, and agrees that:

1. Employee shall apply to the board for an unpaid leave of absence, no later than 30 days before commencement of leave.
2. An approved unpaid leave of absence shall be irrevocable during the period for which approval is granted.
3. Employee will have no right to return to active employment with the District in any capacity during the period for which an unpaid leave of absence is granted.
4. A probationary employee may be released from District employment during the leave of absence in accordance with law.
5. A certificated employee who is on an unpaid leave of absence shall notify the District in writing on or before November 1, if leave ends at the end of the 1st trimester or by February 15, if the leave ends at the end of the 2nd trimester, of his/her intent to return. A classified employee shall provide such written notice at least thirty (30) days of his/her intent to return.
6. Certificated unit members who have been on an approved unpaid leave for one trimester or less and have notified the district of his/her intent to return, shall be assigned to the same position which he/she held at the time the leave commenced, provided the same number of positions exist at that grade level.
7. Classified unit members who have been on an approved unpaid leave for six (6) months or less and have notified the district of his/her intent to return, shall be assigned to the same position he/she held at the time the leave commenced, provided the same number of positions exist.

Signature of Employee

Date Signed

(For new unpaid leave requests: Submit to Principal/Supervisor  
For extension of already approved unpaid leave requests: Submit to Human Resources Department)

Approval recommended

Approval not recommended\*

\*Reason/Comments: \_\_\_\_\_

Substitute:  Required

Not required

Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

District Administration \_\_\_\_\_ Date \_\_\_\_\_

(Submit original to Human Resources Department)

Leave Approved

Leave Denied\*

\*Reason/Comments \_\_\_\_\_

Signature of Superintendent

Date Approved/Denied

Please note: If this leave request could be Pregnancy Disability Leave (PDL), Family Medical Leave Act (FMLA), and/or California Family Rights Act (CFRA)-eligible, you will be sent the Notice of Eligibility and Rights & Responsibilities form under separate cover.

Distribution: •Employee •Principal/Supervisor •District Administration •Payroll •Personnel File