Temple City Unified School District

LEAVE OF ABSENCE REQUEST

Planned absences: form must be completed and approved in advance. **Unplanned absences:** complete form as soon as possible.

EMPLOYEE INFORMATION

Name: _____

Position: _____

EID: _____

Work Site: _____

Phone #: _____

Beginning date of leave: (month/day/year) _____

Ending date: (month/day/year) _____

Date to return to work: (month/day/year) _____

Department: _____

Address while on leave: _____

☐ Certificated ☐ Classified Personal email address _____

TYPE OF LEAVE REQUESTED:

☐ Medical (Non-Industrial) of more than 3 days – *Attach documentation from health care provider*
☐ Pregnancy Disability Leave - *Attach documentation from health care provider*
☐ Bereavement – *Relationship of family member:* _____
☐ Unpaid Leave of Absence - *Attach letter explaining circumstances*
☐ Vacation*:* _____
☐ Personal Business/Necessity: _____
☐ Other (Specify Reason): _____ Attach Explanation

FAMILY AND MEDICAL LEAVE (FMLA) and/or BABY BONDING LEAVE

Check appropriate box. If you are eligible, FMLA and/or Baby Bonding leave forms will be sent to you. **Attach explanation**
☐ Birth of a child or the placement of a child with you for adoption or foster care. Date of child's birth: _____
☐ A serious health condition that makes you unable to perform the essential functions for your job
☐ A serious health condition affecting your ☐ spouse, ☐ child, ☐ parent, for which you are needed to provide care

Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

To be completed by Assistant Superintendent, Personnel	
☐ Leave Approved	***LEAVE WITHOUT PAY** ☐ Authorized Absence ☐ Unauthorized Absence
☐ Leave Not Approved	**Comments:**
Date	Assistant Superintendent Signature

☐ This leave will require your benefits to be adjusted and/or your contract reissued.
☐ This leave MAY require benefits to be adjusted if additional unpaid days are taken.
☐ This leave **will require** a release or clearance to return to work from your doctor BEFORE you can work.
☐ Upon return from leave, you MAY be assigned to a different location or type of service.

Board Approval Date: _____ Personnel: _____ HRS input date: _____

Distribution:

_____Payroll _____ Site _____Employee _____Benefits