

CAJON VALLEY UNION SCHOOL DISTRICT

REQUEST FOR LEAVE OF ABSENCE

A-37
(Revised 6/19)
Pers

NAME: _____

EMPLOYEE ID NUMBER: _____

SITE: _____

JOB TITLE: _____

DIRECTIONS: Include precise beginning and ending dates, as well as the reason for this request. **A Change in date, or reason, requires completion of a new form indicating revised.**

All copies need to be submitted to your immediate supervisor at least five days prior to the leave. A copy will be returned to you with the final disposition of Personnel and/or the Governing Board. Advance permission for leave for any of the following reasons is not required: death or serious illness of immediate family member, accident involving his/her person or property, or person or property of immediate family member. NOTE: If your absence requires a substitute, it is your responsibility to call the sub system at 619-333-2578.

TYPE OF LEAVE BEING REQUESTED	BEGINNING AND ENDING DATES OF ABSENCE	EXPLANATION OF NEED FOR ABSENCE
*Personal Without Pay _____ *Bereavement _____ <i>(State relationship in "explanation," must conform to contract language)</i> *Jury Duty or Court Subpoena _____ <i>(attach summons copy)</i> Family Medical (FMLA) _____ <i>(requires payroll approval)</i>	First date of leave _____ Last date of leave _____ Total days absent _____	

An extended personal leave without pay will result in loss of District paid benefits for that period. If you wish to continue your health benefits, it will be at your own expense.

_____ I do not wish to continue my health/dental benefits. It is your responsibility to reinstate your health/dental benefits upon your return to work by contacting Payroll and submitting the appropriate application(s).

_____ I do wish to continue my health/dental benefits at my own expense.

***A LEAVE LONGER THAN 30 CALENDAR DAYS REQUIRES EMPLOYEE TO CONTACT PERSONNEL AND WORK SITE FIVE WORK DAYS PRIOR TO RETURNING TO WORK. FAILURE TO DO SO WILL RESULT IN DELAY OF PAY.**

EMPLOYEE SIGNATURE: _____

DATE: _____

APPROVAL SIGNATURES		
Immediate Supervisor's Recommendation OR Payroll Supervisor's Recommendation (FMLA): Signature:	Approve: _____	Disapprove: _____ Reason:
ADMINISTRATIVE RECOMMENDATION		
Personnel Administrator Signature:	Approve: _____	Disapprove: _____ Reason:
GOVERNING BOARD RECOMMENDATION – IF LEAVE IS MORE THAN 30 CALENDAR DAYS		
Date: _____ Approve: _____ Disapprove: _____ Reason: _____		

Distribution: White, Yellow, Pink: Personnel

Goldenrod: Site Copy