

FOUNTAIN VALLEY SCHOOL DISTRICT

REQUEST FOR LEAVE OF ABSENCE

CERTIFICATED _____

To be completed by employee, approved by Principal, and sent to Human Resources.

Employee Name: _____ Date: _____

Position: _____ Location: _____

Length of Leave Requested (number of work days, weeks or months): _____

Beginning Date: _____ Ending Date: _____

Type of Leave Requested (please check):

- | | |
|---|---|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Unpaid Leave for: |
| <input type="checkbox"/> Extended Illness Leave | <input type="checkbox"/> Maternity Leave |
| <input type="checkbox"/> Pregnancy Disability Leave | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> CFRA/Bonding Leave | <input type="checkbox"/> Family Medical |
| | <input type="checkbox"/> Personal |
| | <input type="checkbox"/> Family Hardship |
| | <input type="checkbox"/> Health |
| | <input type="checkbox"/> Sabbatical |
| | <input type="checkbox"/> Peace Corps/Military |
| | <input type="checkbox"/> FMLA |

Reason for Absence: _____

Doctor's Note attached (where appropriate): _____

Prior to returning to work, you **MUST** present a doctor's release to the Personnel Office _____

Employee Signature Date

Signature of Site Administrator Date

Signature of Personnel Administrator Date