

Placentia-Yorba Linda United School District

Leave of Absence Application

Please complete form, obtain signature of Principal / Supervisor and forward to the Personnel Department.

TO THE SUPERINTENDENT AND MEMBERS OF THE BOARD OF TRUSTEES:

I have read and understand the provisions governing leaves of absence and hereby submit my application for a leave for the following reason(s):

- Sick/Personal Illness Leave FMLA/CFRA will run concurrently with this leave.
Attach doctor's certification stipulating date leave will commence and approximate date of return.
- Maternity Leave PDL/FMLA will run concurrently with this leave.
Attach doctor's certification stipulating approximate date leave will commence and approximate date of return.
- Child Bonding FMLA/CFRA will run concurrently with this leave.
- Parenthood FMLA/CFRA will run concurrently with this leave.
- Family Medical/ California Family Rights Leaves to run concurrently with my Workers' Compensation Temporary Disability
- Family Member's Health FMLA/CFRA will run concurrently with this leave.
Care Leave
Attach supplemental application / doctor's certification, as appropriate.
- Military Family Member Leave
Attach supplemental application, as appropriate.
- Military Family Member's Health Care Leave.
Attach supplemental application / doctor's certification, as appropriate.
- Military Leave of Absence
Attach orders and/or status reports.
- Discretionary / General Leave of Absence
Attach an explanation for the purpose of your leave.
- Educational Leave of Absence
Attach documentation from the educational institution showing enrollment.

Dates of leave requested above will include _____, 20__ through _____, 20__.

Name	Emp.ID#	Signature		Date Submitted
Address	City	State	ZIP	Phone
School/Site	Supervisor's Signature		Date	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Superintendent's/Asst Superintendent's Signature	Board Date	

