



Palisades Charter High School Certificated Request for Leave of Absence

Teacher Substitute Counselor

Last		First	Employee Number		Social Security No.
Street Address		City	State	Zip Code	Phone Number
School Office Palisades Charter HS			Phone Number (310) 230-6623	Dist/Div PCHS	Status
Grade/Subject		Calendar/Track		Position	

I request a leave of absence from _____ through _____ or an extension of my leave for the reason indicated (see reverse)

- | | |
|--|--|
| 1. <input type="checkbox"/> Pali Leave of Absence due to Pregnancy* | 5. <input type="checkbox"/> Personal Leave (Unpaid)
Type _____ |
| 2. <input type="checkbox"/> Unpaid Leave of Absence due to Pregnancy* | 6. <input type="checkbox"/> Child Care Leave (Unpaid) |
| 3. <input type="checkbox"/> Illness Leave or Absence* | 7. <input type="checkbox"/> Family and Medical Leave (Unpaid) |
| 4. <input type="checkbox"/> Industrial Injury/Illness Leave of Absence*
a. Caused by an Act of Violence
Yes <input type="checkbox"/> No <input type="checkbox"/> | 8. <input type="checkbox"/> Substitute Leave |
| b. Extension beyond the initial 60-day report
Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. <input type="checkbox"/> Half-time Leave |
| | 10. <input type="checkbox"/> Reduced Workload Leave |
| | 11. <input type="checkbox"/> Government Order Leave or Absence
Type _____ |
| | 12. <input type="checkbox"/> Charter School (Unpaid) |

*Attending physician's statement must be submitted with this form.

Acknowledgement of Leave request (Not required for Extension)	_____ Employee Signature	_____ Date
<input type="checkbox"/> Approved as requested	_____ Executive Director/ Principal	_____ Date
<input type="checkbox"/> Modified ** <input type="checkbox"/> Disapproved**	_____ Director, Guidance/Counseling	_____ Date
	Approximate date of satisfactory recover for work	_____
<input type="checkbox"/> Approved as requested	_____ Director, Human Resources	_____ Date
<input type="checkbox"/> Modified ** <input type="checkbox"/> Disapproved**	_____ Date to Return to Work	_____ Date

** Rationale for disapproval or modification of this request:
