

NEW HAVEN UNIFIED SCHOOL DISTRICT
REQUEST FOR UNPAID LEAVE OF ABSENCE
CLASSIFIED

NAME _____ S.S.# _____
(Last) (First)

POSITION _____ SITE _____

I request an unpaid leave of absence for _____ [] hours [] days [] months. My leave will be effective from _____ . I will return to work on _____ .
(1st date of leave)

REASON:

I understand that if my request is granted and I am absent for more then 50% of the working days of one month or more, I am to contact the Personnel or Payroll Department regarding reinstatement of medical and/or CSEA. (NOTE: If yo wish to continue medical coverage during unpaid leave, please contact the Payroll Department.

EMPLOYEE SIGNATURE _____ **DATE RECEIVED AT WORK SITE** _____

I do [] do not [] recommend approval. _____
Supervisor **Date**

do [] do not [] recommend approval. _____
Personnel Administrator **Date**

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Copy 1: Payroll Copy 2: Supervisor Copy 3: Employee Copy 4: Sub. Placement Clerk