

Culver City Unified School District
Office of Human Resources

**REQUEST FOR PART TIME EXTENDED
PERSONAL LEAVE OF ABSENCE WITHOUT PAY**

As per the Request for Leave form, I am requesting a part time leave of absence.

Purpose of Leave: _____

I recognize that if I return to the employment of the Culver City Unified School District upon the expiration of a leave of absence, I will be placed in a comparable position to which I was assigned, providing such a position still exists. {Reference: ACE contract Article 21/CCFT contract Article 17}}

For **certificated** employees, I acknowledge full understanding that I will accumulate:

_____ % retirement credit

_____ % credit toward increment (step) advancement on the salary schedule

_____ % of sick leave credit

If I desire to maintain health or other benefits while on leave, I understand that the necessary premiums are my responsibility. Contact the Payroll Department [(310) 842-4220, ext. 4224 for classified/ext. 4223 for certificated] regarding premium information and paperwork.

If the personal leave of absence is granted for personal health reasons, I shall be required to submit, prior to return to active duty, a medical statement indicating my ability to assume assigned duties without restriction or detriment to my physical or emotional well being.

I agree to notify the Office of Human Resources, in writing, whether I intend to return to a full-time position, request an extension of leave or resign. **Certificated employees by:** March 15; **Classified employees:** 30 days prior to end of leave.

Signature of Employee: _____

Date: _____

**PLEASE ATTACH THIS FORM TO YOUR
REQUEST FOR LEAVE OF ABSENCE FORM**

For Office Use Only

Board Approved: _____ Yes _____ No _____ Date: _____