

Hemet Unified School District
Classified Unpaid Leave of Absence Request Form
Complete and Submit to Human Resources

Name: _____

Employee Number: _____

Position: _____

Site/s: _____

Requested Leave Start Date: _____

Requested Leave End Date: _____

Planned Return to Work Date: _____

Leave Requested: (check all that apply)

Non-Contractual

California Family Rights Act (CFRA)

Family Medical Leave Act (FMLA)

Contractual

CSEA Article 11.7.1 Permanent bargaining unit members covered by this Agreement may request personal leave at no cost to the District. Such leaves may be granted at the discretion of the District and may be granted for a period up to twelve (12) months. Bargaining unit members on leaves of absence for personal reasons shall have the right to participate in the District Health and Welfare benefit programs, not expressly prohibited by law, at no expense to the District.

Personal Reasons

Retraining and Study Leave

Employee Signature: _____

Date: _____

For District Office Use Only

Approved

Denied

Additional Information Needed: _____

Human Resources Administrator Signature: _____

Date: _____

Routing: Site Administrator

HR Technician

Payroll

Leave & Attendance

Benefits