HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

CERTIFICATED LEAVE OF ABSENCE REQUEST

NAME			Status (check	k one)	Emplo	yment Dates	
			Probatio	v	From	To	
Last	First	Middle	Permane	nt		(mm/dd/yr)	(mm/dd/yr)
School/Department/Division Position and Subject							
Address whi	ile on leave	Street Address	s City/State	/Zip	Area Co	ode / Telephone	e #

- 1. Please check contract language for details before completing and submitting the leave of absence request form regarding description, requirements and/or compensation for the type of leave you are requesting.
- 2. Have this form approved by your principal / division head and forward this request to the Human Resources Certificated Office; retain a copy for your records.
- 3. Your signature on Line 6 indicates that you have met the requirements for this leave as described in the appropriate section of the bargaining contract.

4.	I hereby request a	leave	from	to				
	I am now (check one) on not on leave of absence. The requirement documents are attached. I will file a notice of my intention to return to the district by February 15.							
5.	Reason for leave of absence:							
6.	PLEASE SIGN HERE							
01		Signature of Employee		Date				
7.	ApprovedDisapproved	Principal/Division Head *in contract language for con		Date				
8.	ApprovedDisapproved	Assistant Superintendent –	Human Resources	Date				