

Hemet Unified School District
Certificated 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

HTA Article 12.7.1 The applications for and granting of such leaves of absence shall be in writing. In addition the unit member on such leave shall notify the Personnel Administrator by March 1 of the school year on leave as to the intent to return to employment in the District. Failure to so notify will be considered an abandonment of position.

Care for a member of the immediate family who is ill. Relationship: _____

Long term illness of the unit member

Service in an elected public office

Professional study

Educational travel and/or research

Reasons of health

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