

Phoenix Union High School District

LEAVE OF ABSENCE REQUEST

Check One: Sabbatical/Educational (See Timelines) [] Work Experience [] Health []
Military [] Personal [] Family Medical Leave [] Short-Term []

(Please consult appropriate handbook for information regarding types of leaves available)

Directions: This Request for Leave of Absence must be completed and signed by the applicant and submitted INTACT to the principal or appropriate administrator, who will sign and forward INTACT to the Personnel Office.

Please Type or Print:

Name of Applicant: _____ Social Security No.: _____

School/Location: _____ Position: _____ Date Employed: _____

Brief description of the reason for requesting leave: _____

For Work Experience, Educational Purpose, Personal, Short-Term Requests - all without pay.
Sabbaticals, and Military (please consult the appropriate handbook for information regarding leaves of absence for these reasons).

- 1. Length of time requested (give dates): From _____ Through _____
2. Short-term leave - 10 work days or less (give dates): From _____ Through _____

For Health and Family Medical Leave Reasons: (Please consult appropriate handbook for information regarding leaves of absence for health reasons).

(A DOCTOR'S CERTIFICATE CONTAINING A STATEMENT OF THE HEALTH/FAMILY MEDICAL LEAVE PROBLEM AND THE PERIOD OF LEAVE RECOMMENDED IS REQUIRED AND MUST BE ATTACHED TO THIS REQUEST.)

I understand that my health leave starts upon the exhaustion of my sick leave if that is my choice. Note: This is not an application for long-term disability insurance coverage. Sick leave must be exhausted before you are eligible for long-term disability.

- 1. I want my health or family medical leave of absence with sick pay to be effective From _____ Through _____
2. I want my health or family medical leave of absence without pay to be effective From _____ Through _____
3. Is this a work related injury? Yes _____ No _____

NOTE: Classified Employees: "An extension of health leave of absence beyond one year, requires the submission of a new request form by March 15. If this is not done, no contract will be issued nor will consideration be given to extending the leave." Certified Employees: "Teachers on leave must, by December 1 for the first semester or March 1 for second semester prior to their scheduled return, request the extension of the leave on the District approved leave of absence form, or indicate in writing they are returning from leave as scheduled. If no such notification is received by the Personnel Office, the teacher is deemed to have resigned. Exceptions to this would be leaves of less than one semester duration." If your leave is for medical reasons, you may be required to submit to a Return to Work exam at District expense.

Applicant's Signature _____ Date _____

Do Not Write Below This Line

[] Recommended [] Not Recommended

Professional Growth Committee Date
(Sabbatical and Educational Purposes Requests Only)

[] Recommended [] Not Recommended

Principal or Appropriate Administrator Date

[] Recommended [] Not Recommended

Employee Relations Date

Distribution: White-Personnel Canary-Applicant Pink-Principal/Appropriate Administrator Goldenrod-Professional Growth Committee