

MADERA UNIFIED SCHOOL DISTRICT UNPAID LEAVE OF ABSENCE REQUEST FORM

(To be completed by employee and supervisor)
Must be submitted at least 10 days prior to the beginning of the leave.

TO: Human Resources

FROM: _____
Employee Name

Last 4 digits of SS# _____

Job Title

School or Work Site

REASON FOR REQUEST

- _____ 1. Personal Health
- _____ 2. Family Reasons
- _____ 3. Pregnancy
- _____ 4. Attend School

- _____ 5. Dissatisfied with Working Conditions
- _____ 6. Seek/Develop Other Employment Opportunities
- _____ 7. Other (Specify): _____

I am voluntarily requesting a leave of absence beginning _____ and ending _____.
Total number of days _____

Do you intend to resume employment with MUSD at the end of the leave of absence?
_____ Yes _____ No

I understand that unpaid leave will result in a reduction of service credit for PERS/STRS and may ultimately reduce my retirement benefits.

I hereby certify that the foregoing is a true statement of the reasons or cause for my request for a leave of absence from the Madera Unified School District.

Employee Signature Date

I _____ recommend/ _____ do not recommend approval of the requested leave.

Administrative Signature Date

Director of Human Resources _____
(Initials)

(For Office Use: Original – File, Copy – Employee)