

MADERA UNIFIED SCHOOL DISTRICT

Human Resources Department

REQUEST FOR AN UNPAID LEAVE OF ABSENCE

Pursuant to Madera Unified School District's Board Policies/Administrative Regulations 4161, 4161.2 - Personal Leaves, MUTA Article 11.2 - Personal Leave, CSEA Article 10.5 - Personal Leave, Madera Adult Ed Article 13.2 Personal Leave and CMBA Article 7.1 - Leaves, an eligible employee may request an unpaid personal leave of absence by completing this form and submitting to the supervisor and then to the Human Resources Department. **Certificated employees are required to submit this form to HR no later than 8 days prior to the next scheduled Board meeting. Classified employees are required to submit this form to HR no later than 12 days prior to the next scheduled Board meeting.**

☐ CERTIFICATED

☐ CLASSIFIED

NAME: _____

SSN#: XXX - XX - _____

JOB TITLE: _____

WORK SITE: _____

I am requesting a voluntary unpaid personal leave of absence for the following reason: _____

I request my leave to begin _____ and end _____. I will return to work on _____.

Employee Acknowledgement

- I understand that my leave request requires board approval and that I must submit my request prior to the next scheduled board meeting according to my respective CBA.
- I understand that I may not begin my leave until I have received an official notice by HR stating that my leave has been approved or denied.
- I understand that I am not entitled to receive any compensation while on an unpaid leave of absence.
- I understand while on leave, I will not receive a full year service credit towards my retirement nor will I receive credit towards seniority.
- I understand that I may not accept gainful employment while on an approved personal leave of absence without prior written approval of the District.
- I understand that if covered under the districts health benefits program, I may continue my benefits at my expense.
- I understand that if I am unable to return to work on the date indicated above, I must notify HR and my immediate supervisor prior to this date and that I am required to submit a second request to extend my leave.

I certify that I have read the above and understand my obligation as an employee.

Employee Signature

Date

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Supervisor Recommendation

☐ I recommend this leave request be granted. ☐ I do not recommend this leave be granted. (See attached)

Supervisor Signature

Date

Assistant Superintendent of Human Resources

☐ I recommend this leave request be granted. ☐ I do not recommend this leave be granted. (See attached)

Supervisor Signature

Date

BOARD ACTION:

☐ **APPROVED**

☐ **DENIED**

DATE: