

Sequoia Union High School District  
Human Resources and Professional Development  
**REQUEST FOR FULL- OR PART-TIME LEAVE OF ABSENCE**  
(Article VII, Section 9, SDTA Agreement)

Name: \_\_\_\_\_

School: \_\_\_\_\_

Subject: \_\_\_\_\_

The completed leave request form for a leave beginning in **August** must be returned to Human Resources prior to **March 1**. Leaves of absence for the Spring Semester must be requested prior to December 1. . Leave requests must be renewed for each school year.

1. I hereby request a Full time leave of absence *without pay* as follows:

2. My Full time leave request is for the purpose of:

- ☐ Full-time: **FROM:** Start date: \_\_\_\_\_ **UNTIL:** End date: \_\_\_\_\_
- ☐ a. Illness or other equally grave emergency
- ☐ b. Advanced professional or academic training
- ☐ c. Travel that would enhance the performance of the employee in the job assignment (Only available for full-time leaves)
- ☐ d. Family responsibilities related to care of children, spouse/domestic partner, or parent
- ☐ e. Other reasons deemed satisfactory to the Superintendent and Board of Trustees

- ☐ Part-time: Percentage (%) of leave: \_\_\_\_\_ **FROM:** Start date: \_\_\_\_\_ **UNTIL:** End date: \_\_\_\_\_
- Example 20%

1. I hereby request a Part time leave of absence *without pay* as follows:

2. My Part time leave request is for the purpose of:

- ☐ a. Illness or other equally grave emergency
- ☐ b. Advanced professional or academic training
- ☐ c. Illness or emergency in the immediate family of the employee
- ☐ d. Family responsibilities related to care of children, spouse/domestic partner, or parent
- ☐ e. Desire to reduce assignment due to age or pending retirement. (Only available for part-time leaves)
- ☐ f. Other reasons deemed satisfactory to the Superintendent and Board of Trustees

3. I understand the following conditions of this leave:

- a. I will supply required documentation of the purpose of this leave.
- b. Upon return from full-time leave I may be assigned to a location different from my former location.
- c. My teaching assignment during a part-time leave will be at the convenience of the district and will not be limited to specified hours or classes.
- d. Cancellation of a leave and subsequent reassignment is at the convenience of the district.
- e. I will not be covered by district-paid medical and dental insurance during full-time leave; I will be eligible for a proportional share of district-paid insurance during part-time leave.
- f. If I wish to continue my medical insurance while on leave, I will make appropriate arrangements with the Human Resources and Business Offices to pay my share of the cost of the premium. (Dental insurance cannot be bought during a full-time leave of absence.)\*
- g. Upon return from full-time leave I will contact the Benefits Department to re-enroll in benefits.
- h. During my leave of absence I do not earn sick leave and the time on leave of absence does not give service credit for sabbatical leave, career increment or retiree benefits.
- i. I will notify the Human Resources Office of my intent to return to work or to request a leave extension within the timelines provided by Article VII, Section 9, SDTA Agreement. (Leave extensions must be reviewed and approved each year.)
- j. I am subject to the provisions of Education Code Section 44842.
- k. It is my responsibility to notify the Human Resources Office of any change in address or telephone number while on leave.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Address: \_\_\_\_\_

Ph. No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Assistant Superintendent, Human Resources: Approved: ☐ Not Approved: ☐

Assistant Superintendent, Human Resources \_\_\_\_\_

Date \_\_\_\_\_

Approved by Board of Trustees \_\_\_\_\_