

Sequoia Union High School District
Human Resources and Professional Development
REQUEST FOR FULL- OR PART-TIME LEAVE OF ABSENCE
(Article VII, Section 10, 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 leave of absence *without pay* as follows:

Full-time: *FROM:* Start date: _____ *UNTIL:* End date: _____

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

2. My leave request is for the purpose of:

- 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. Illness or emergency in the immediate family of the employee
- e. Family responsibilities related to care of children, spouse, or parent.
- f. Desire to reduce assignment due to age or pending retirement. (Only available for part-time leaves)
- g. Pursuit of alternate career (but not for employment with another school district)
- h. 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. 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.
- h. 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 10, SDTA Agreement. (Leave extensions must be reviewed and approved each year.)
- i. I am subject to the provisions of Education Code Section 44842.
- j. 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 _____

Spreadsheet _____
Revised 2/03/15

Agenda _____
Human Resource

Personnel Record

Benefits

Employee

Payroll / Controller