

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: \_\_\_\_\_ Site: \_\_\_\_\_ 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

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

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

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: \_\_\_\_\_

Phone No: \_\_\_\_\_

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

Principal's acknowledgement of LOA request: ☐

Asst. Superintendent, Human Resources: Approved ☐ Not Approved ☐

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

\_\_\_\_\_  
*Date*

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

Revised 01/22/19	Sr. Admin. Assistant	Credentials Analyst	Benefits Technician	Payroll/Controller	Employee
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