

North Monterey County Unified School District

8142 Moss Landing Rd., Moss Landing, CA 95039 Tel: 831.633.3343 <u>www.nmcusd.org</u>

Extended Leave of Absence Request Form

Instructions: An extended of requested time off.	leave of absence	is considered 5 or more day	s. Employees must subm	nit this request for leave in advance
Employee	Emp ID	School/Department	Position	# Hours Daily
I anticipate that my absence will be from		through Please provide your best estimates	nate, if dates are still undeten	for the following reason(s):
Family Care Leave (I	Family and Medica	al Leave Act, Pregnancy Disa	bility Leave Act, California	Family Rights Act)
Pregnancy Disability	Leave			
Baby Bonding Leave	(Please indicate	whether or not you wish to util	ize your sick leave to sup	plement this leave)
Extended Illness Lea	ve			
Personal Necessity L	eave (please exp	lain below)		
Sabbatical Leave				
Bereavement/ Death	in Family			
Other/Unsure (please	e explain)			
I understand that	in order to remair OR	n in paid status during my leav	re, I will be required to use	e any applicable accrued leave.
I hereby request	an unpaid leave o	f absence.		
I acknowledge that additio guarantee an approval.	nal information ma	ay be requested in order to pro	operly approve this reque	st and that this request does not
Employee Signature			Date Sul	omitted
Supervisor Signature		Supervisor Printed Name	 Date Re	ceived
		Human Resources Use O	only	
Received in Initials	Human Resources	Presented to Boar	rd of Trustees, if applicable	Date
Approved [Denied	Signature of HR Administrat	or	Date